

## Review Study

## Medicalization practices: conceptual problematizations from Michel Foucault

## Práticas de medicalização: problematizações conceituais a partir de Michel Foucault

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**ABSTRACT** | The practices of medicalization have been studied by several authors and with different nuances and perspectives, depending on the analyzes performed and the authors chosen for the problematic and conceptual field. Thinking practices in a theoretical essay format is an objective of this article, formulated in a strand of the works of Michel Foucault and other thinkers, who researched and delimited the processes of medicalization as an object of study. Therefore, it is worth mentioning how much controversy and paradoxes are installed in the face of attempts to present and address the present thematic field of research regarding medicalization practices. In this text, some elements of medicalization are presented, such as: biopolitics; bioeconomics, biovalue, biotechnologies, pharmacologicalization, pathologization and biosociality in order to forge an analytical power and knowledge in contemporary society, demanding more work with training a network of work.

**KEYWORDS:** Medicalization. Foucault. Practices. Biopolitics. Society.

**RESUMO** | As práticas de medicalização vêm sendo estudadas por diversos autores e com nuances e perspectivas diferentes, dependendo das análises realizadas e dos autores escolhidos para o campo problemático e conceitual. Pensar práticas em um formato de ensaio teórico é um objetivo deste artigo, formulado em uma vertente dos trabalhos de Michel Foucault e de outros pensadores, os quais pesquisaram e delimitaram os processos de medicalização enquanto objeto de estudo. Portanto, vale mencionar o quanto há polêmicas e paradoxos instalados face às tentativas de apresentar e abordar o presente campo temático de pesquisa a respeito das práticas de medicalização. Neste texto, apresentam-se alguns elementos da medicalização, tais como: a biopolítica; a bioeconomia, o biovalor, as biotecnologias, a farmacologização, a patologização e a biosociabilidade com o objetivo de forjar uma analítica de poder e saber na sociedade contemporânea, demandando mais trabalhos com vistas à formação uma rede de trabalhos.

**PALAVRAS-CHAVE:** Medicalização. Foucault. Práticas. Biopolítica. Sociedade.

## Introduction

This article aims to problematize medicalization practices, describing and analyzing some ways of interrogating this object, in a field of knowledge and power, as a diagnosis of the present, considering some elements, such as: biovalue, bioeconomics, biotechnologies, pharmacologization, pathology, biopolitics and biosociality. There is a debate about the concept of medicalization and countless ways of working with it.

In this text, we seek contributions from the perspective of Michel Foucault and other colleagues, which make it possible to carry out an analysis of the effects of the social practices of knowledge and power with regard to the mechanisms of medicalization. There are a number of ways to approach the concept of medicalization and to address historical time and specific spaces for the materialization of the unique effects and ways of this event to be updated.

As Deleuze (2008) would say, in Bergsonism when we shift questions, we transform answers. In effect, depending on how we perform the problematization, we will build certain ways of dealing with the practices delimited in lines of forces, assembled in a diagram. In other words, it is possible to think of innumerable rationalities for the medicalizing practice, according to the twists and problematizations made to this practice.

### Some initial aspects of the analysis of medicalization practices

We do not only medicalize the disease, producing pathologization, but also the daily life, according to Foucault (1979) through an expanded and indefinite medicalization process given the dimension that it reaches in policing every detail of life (FOUCAULT, 1988). The question of the medicalization of bodies in modern times has become an issue as old as it is current in the history of human thought. What today seems to be experiencing an exacerbated care for the body, the subject of medicalization of bodies in society has been happening since before the revolutions, however, assuming different ways of extolling it (DANTAS, 2014).

Its relevance is justified by referring us to a profound analysis of the existence of modern man to the many promises of happiness cherished and healing by the advent of modern science and its technologies through control over bodies, whether by sovereign power in the form of legal regulation and ordered by a normative plan of Law, concomitantly by disciplinary power and biopolitics, configuring what Foucault (1999) defined as biopower.

In this sense, in sovereignty, medicalization can be thought of legally as a normative event of a State policy, in the name of social defense for the promotion, treatment and guarantee of the right to health. The law obliges and prohibits, for example, taking some vaccines to guarantee school enrollment and / or access to social policy. At this point, medicalization operates through legal sovereignty, through legal regulation, in the form of a control of society (FOUCAULT, 1979).

In terms of discipline, it is crucial to work with the hospital emergency field as a disciplinary and medicalized institution, materializing by health surveillance and by two aspects: blocking bodies through hospitalization and meticulous control of the body by the panopticon (FOUCAULT, 1996). Hospitalization is a block for health treatment and can be considered a disciplinary device to contain epidemics and care for aggravated health situations. However, the discipline is not carried out, only by exclusion / hospitalization / segregation, as it can be carried out in an open environment by the mechanism of generalized surveillance. One mechanism is the political submission and docility carried out by mental and collective health actions of a hygienist nature to prescribe norms of care.

Within the scope of biopolitics, the role of medicalization is characterized by the management of life on a large scale, including the management of letting die and killing in the name of the political protection of groups supposedly threatened by an enemy built as a risk / danger for others (FOUCAULT, 2008a; 2008b). We refer here to the government's conduct of the population to prevent / control epidemics, to generate epidemiological data and to draw up statistics for neoliberal economic regulation.

## Medicalization and the health market in the (bio) business society

The notion of the medicalization of bodies as a discourse of “technification of life”, in contemporary times, based on technical knowledge emerges in science as an absolute, inviolable and unquestionable belief (DANTAS, 2014). Scientific knowledge operates the effects of scientism as an increasing regulation on the life of the population, which range from prescribing what to eat, how to lose weight, how to have mental health or not, or even how to acquire happiness and success, constituting what Ortega (2008) and Rabinow (1999) called biosociality.

And when it comes to this issue, today, being happy or having a happy life has become a mandatory life principle under capitalist logic. Happy life that is summed up in the relentless pursuit of acquiring enough success, status and money - but that will never reach the level of satisfaction; and continuous consumption of novelties launched by the market - which are launched at full steam, far from being able to stop consuming. For the market not only encourages consumerism for the satisfaction of desire. But so that this desire can persist continuously. All efforts are made so that the cycle is vicious and to organize a biosobility as a business care, because someone's lifestyle has become a human, social, political, cultural and relational capital (DANTAS, 2014).

Solutions are sold. Happiness is sold. The idea is to show that for all pains there is a remedy and a therapy to be applied and promoted in order to organize some constant care practice. Consequently, the idea is to worship and exalt the effects of medications. Thus, evidencing the invasion of medical discourse in people's daily lives. For those who do not achieve this notion of happy life, it remains for them to seek an immediate and miraculous solution, for fear of being labeled, pathologized or psychologized among the various classifications of disease. At this moment, the figure of the pharmaceutical industries appears. Miraculous promises, sadness that goes away, emotional tumors that are extracted: this is the culmination of these organizations. The pathologization previously installed by themselves is now miraculously suppressed with the simple use of some capsules.

*“[...] the medicine becomes a precious example of the power of science. The power to transform substances into powerful healing instruments. From the power to reduce life to potent substances. The power to transform man into a being liable to decipher. And, finally, the power to become a truth about human dilemmas” (DANTAS, 2014, p. 38).*

But in the history of this unrestrained use of medicines, there is an appropriation of the knowledge-power of medicine, where medical discourse has been given an inviolable authority over the care of bodies by prescribing medicines. The Pharmacy initiated a debate on the irrational and arbitrary uses of medicines and diagnostics that support it. A drug used excessively produces iatrogenesis, harmful side effects, in addition to generating many health problems.

In the name of care, suffering and more disease are produced, to a certain extent when the lack of ethics gains prominence in the plots of the pharmaceutical industry and the health market. Therefore, we will treat a little of the history of social medicine by Michel Foucault (1986a). At the conference: “The Birth of Social Medicine” (FOUCAULT, 1979), it is crucial to analyze how much Foucault's (1986a) works point out that medicalization is an extension of medicine without, however, being limited to it. Medicalization emerged together, at the beginning of the 18th century, with the emergence of social medicine.

It was through the birth of social medicine that the State developed normalization practices (in Germany), the city received hygiene practices (in France) and the body became the object of the production force (in England). And, even today, medicalization practices are based on 1) normalization of conduct separated by the normal-abnormal binomial in defense of society; by 2) hygienist practices that use racism, prejudice in the name of the social order; and 3) for the entrepreneurship of our own body practiced by the neoliberal system in search of wealth and increased consumption, for the permanence of civilization.

In Germany, medicine developed focused on improving the health of the population, using the science of the State - which controlled bodies in terms of life and death through the regulation exercised by the registry offices -, the knowledge of statistics to calculate and register mortality data, birth data, patient data - as if it were a medical police -, and medical knowledge to have the governance of bodies and keep them healthy through normalization of practices. "Medicine and the doctor are, therefore, the first object of normalization. The doctor was the first normalized individual in Germany" (FOUCAULT, 1986a, p. 83).

While in England and France, medicine was focused on the working poor and only on the birth rate and mortality, concerned with increasing the population and paying attention to cases of decrease, without actually being concerned with the development or improvement of health, differently from Germany. (FOUCAULT, 1986a). The second stage of social medicine, from the end of the 18th century, was developed in France, not as a state-controlled medicine, Germany, but has a new phenomenon: urbanization. With the crowding of the population in the cities, with an increase in epidemics such as plague and leprosy and, consequently, an increase in the number of deaths, an "urban fear" was created. Fear of the epidemic, fear of death, fear of noise, of workshops, of industries, of the agglomeration and a large number of people, of cemeteries, in short, "this urban panic is characteristic of this care, of this political-sanitary anxiety that is formed as in which the urban fabric develops" (FOUCAULT, 1986a, p. 87) As a result of this installed panic, due to the imminent danger, hygienist measures are taken in urban medicine. Everything that is considered harmful is sought, that causes diseases, endemics, pathogens in general, and is transferred to the peripheries of the city. Therefore, the first measures of urban medicine were not formed by a medicine that analyzed privately, each person individually, but medicine that analyzed the population, the social fabric. (FOUCAULT, 1986a).

And lastly, the workforce was the target of medicalization. It appeared in the 19th century, in England of industrial development, whose "poor" segment begins to rise in society and to concern the medical category with the idea of danger that the poor cause. First, because the poor have the capacity to revolt, and second, because of the cholera epidemic that hit the proletarian population. With the creation of the "Law of the Poor" which was intended to assist the proletariat and the commoners, they received help, but in return, they were subjected to various medical controls. After all, help has to do something. Either the service giver or the state needs to receive something in return. With this dynamic, the rich are protected from the epidemic of the poor and the poor receive free or low-cost help from the rich. "It is a medicine that is essentially a control of the health and the body of the poorest classes to make them more apt to work and less dangerous to the wealthier classes." (FOUCAULT, 1986a, p. 97). In this sense, we can say that social medicine is nothing more than the discourse to prevent diseases, hygiene rituals, health concerns. A scenario where medicine is increasingly approaching the population to be part of the daily lives of families.

For Foucault (1986a) the medicalization that emerged with social medicine has as its core element the individual's body - disciplinary power - and the social body - biopolitics. This new form of power acts on bodies, on people's daily lives, aiming at maximum docility, within a public space, controlling time and with a surveillance system, producing knowledge and subjectifying everyday practices. Individuals are the cause and effect of their knowledge-power, continuously. This power, more commonly, called the medicalization of bodies. "Penetrate bodies in more detail and control populations in an increasingly global way. [...] the body was linked to its valorization as an object of knowledge and as an element in power relations" (FOUCAULT, 2015, p. 116-117)

*[...] from the moment that they become medical or "medicalizable" things, such as injury, dysfunction or symptom, they will be surprised at the bottom of the organism or on the surface of the skin or among all signs of behavior. (FOUCAULT, 2015, p. 49)*

What is the relationship of these two powers to the medicalization process? What is disciplinary power and what is bio-politics? What crossings do these powers imply in a social totality?

Foucault (1986b) demonstrates that this power to manage life, starts around the 17th century and continues in the 18th century, dividing it into two poles: one of them considered the body as a machine; an obedient, trained, useful, profitable body, body manipulated and controlled by economic devices - discipline of the body. The body of the machine man reigns docility. It is an analyzable, manipulable body. It can be modified, moved, transformed and improved.

In another pole he considered the body as a species; a more biological body, more related to birth control, mortality, longevity and health - population regulations. There is no way to consider the power over life if the body is not studied from these two poles. (FOUCAULT 1986b). Since medicalization works through these two powers in the whole of the social body, what is power? What understanding of power? Foucault (2015, p. 100-101) power is:

*As a multiplicity of correlations of forces immanent to the domain where [...] the game is played, which, through incessant struggles and confrontations, transforms, reinforces, inverts; the support that such correlations of forces find in each other, forming chains or systems, [...] the strategies in which they originate and whose general outline or institutional crystallization it takes shape in state apparatus, in the formulation of law, in social hegemonies. [...] should not be sought in the first existence of a central point, in a single focus of sovereignty.*

Power does not materialize at the level of a good that is earned, lent, exchanged; but forces that move from various points, that tie in meshes, that form networks, which do not have the function of prohibiting, but of producing, which crosses the entire social fabric. (FOUCAULT, 2015). Thus, for Foucault (2015) the anatomical-political power of the human body - which has the body as a focus, to train and make it its skills and aptitudes more refined to produce and be effective to the economic system and the power of

interventions and population controls - which focus on not only the body, but the body as a species; the proliferation of this species; demography; statistical analysis of mortality rates related to those of birth, fertility, longevity, health and disease; the use of the knowledge of statistics, medicine, education to calculate these rates; control of daily life by the school, the army, the hospitals; all in order to normalize this species, in the name of security and economy - they form what Foucault (2015, p.150) called biopower: "The disciplines of the body and the regulations of the population constitute the two poles around which developed the organization of power over life. " . Disciplinary power + Biopolitics = Biopower:

*"[...] diverse and numerous techniques to obtain the subjection of bodies and the control of populations. Thus, the era of biopower opens. [...]" (FOUCAULT, 2015, p. 151). An essential power for the development of the liberal, neoliberal and capitalist system, by adjusting the factors and indices of the population to the economy, observed by Foucault (2008 p. 389) in Nascimento da Biopolítica that "one must govern with the economy, one must - if you govern alongside economists, you must govern by listening to economists [...]" (FOUCAULT, 2008, p. 389).*

### Medicalization as biopolitics and biopower

The medicalization process, through disciplinary power or biopolitics, generates production, generates skill, generates knowledge, strengthens the forces of production and work, consequently improves the economy, streamlines the market, expands and raises teaching. However, in return, there is a silencing of differences, there is an invalidation of what is peculiar, what is unique, it removes individualities. As well as silences you politically, it reduces resistance, questioning, problematization in order to only produce and not think. (LEMOS, 2014).

*Exert constant pressure on them, so that they submit to subordination, docility, attention to studies and exercises, and to the exact practice of duties and all parts of the discipline. So that everyone looks alike (FOUCAULT, 1986b, p. 163)*

To silence is to interdict speech, to filter speech, to disallow who speaks, or what speaks, or when he speaks; or that some speak for each other; it is to prevent the circulation of speeches, it is to exclude statements; in order to weaken the resistance, to fail the political force, to destabilize and disqualify political struggles. (LEMOS, 2014). Disciplinary power, unlike sovereign power, where the center is the king, centralizes its actions and interventions in the bodies of individualized subjects in order to train them and make them obedient to disciplinary procedures to increase the productive potential of each individual, to that he appropriates more and more of his skills, makes him useful, manipulable to use, to transform and to improve, and that he becomes profitable and profitable to the consumer market, and thus develop the economy, expand education and raise the public morality, using disciplinary institutions, such as factory, school, prison, barracks. "Discipline increases the forces of the body (in economic terms of utility) and decreases those same forces (in political terms of obedience)." (FOUCAULT, 1986b, p. 126).

Second, the object of control, the exercise of which is the only ceremony that matters. Therefore, these two methods - of working in detail and exercising - are what allow the control of the body and the imposition of docility on the body. And that's what he calls disciplines. These disciplines become the formula for the domination of bodies, very common in closed institutions such as convents, schools, armies, hospitals, shelters. However, in a different context from the sovereign power over slaves, over employees, over their fiefdoms; it is not a relationship of continuous domination, a power of obedience to work, the other, a verticalization of one over the other. (FOUCAULT, 1986b).

But discipline for Foucault (1986b) is the manipulation that is done on the body. Not any manipulation. Manipulation that works on the details of the body. Recondition the body not only to do what it wants, but how to do it, when to do it, what pace to use, how to do it. It creates a disciplined body to be obedient and docile to commands, but at the same time, to be powerful, healthy and tireless.

Now, if this power uses maneuvers, subtleties, refinement to manipulate the body, it cannot be a central, unique, one-way, top-down, hierarchical power, from a king to his subjects; but it is everywhere, in the centers, on the peripheries; in all directions, vertical, horizontal; produces and multiplies in every social body. It is, at the same time, a power that is effective only in its invisibility, being visible only in the subjected bodies, in what Foucault called its "terminal form", so that this power can permanently function and maintain the subjection. (FOUCAULT, 1986b)

They silence differences, invalidate cultural and social aspects, remove individuality from people, lives are anesthetized, deny thinking and problematizing, muting subjective aspects; all in the name of social order, peace and security. (LEMOS, 2014) (LEMOS, et al, 2014) Increasing power means reducing the cost of power. The economy of power is due to the decrease in resistance, the revolt, the discontent of the population. (FOUCAULT, 2010). The technology of medical knowledge aims to create a control society to standardize behaviors, in order to conquer predictable, non-resistant, obedient, manipulable beings (consumer). The more obedient and docile the less questioners and dissidents (LEMOS, 2014).

More reinforcing service to discipline and repair behaviors that are not in line with the moral standards of the church, the market, neoliberalism, medicine, technology, aesthetics. Its most important mechanism is that of surveillance, not just any surveillance. This is the Bentham Panopticon. From panoptism - an omnipresent look and an omniscient knowledge - it is possible to control bodies in detail, it is possible to intervene in people's daily lives, domesticate and standardize behaviors, produce docile and useful bodies for production and work, with permanent effects.

The individual is not monitored only at the time of production, but throughout the work. Power becomes permanent through the mechanism of surveillance and control. It penetrates the social body in its entirety. (FOUCAULT, 2010) Your skill, your competence, the application of their knowledge to practice, the pace they apply to activities, the ability to maintain emotional balance, diligence: everything is watched. "Surveillance becomes a decisive economic operator." (FOUCAULT, 1986b, p. 157).

Another disciplinary device is the standard sanction. Device that can enter and intervene at school, at the factory, in the army, in daily life, in the family, not only as literal punitive practices of contravention behaviors, but mainly, conducts that do not fit the profitable and productive social standard, which are not useful, bodies that are not docile and obedient, resistant individuals, questioners and critics. At the slightest hint of deviation, it is stigmatized as abnormal (FOUCAULT, 1986b).

From the second half of the 18th century onwards, disciplinary power was complemented by biopolitics. There is no exclusion of disciplinary power, or a substitution of disciplinary power for biopolitics, but an adaptation. Both intervene in the same space, in the same relationship, they coexist concurrently. (POGREBINSCHI, 2004). While disciplinary power acts directly on the bodies of individuals, biopolitics acts on the lives of these individuals. While one is concerned with individualizing people, biopolitics focuses on the population, being concerned with birth rates related to mortality, mortality rates related to fertility and / or longevity; demographic indices by region; epidemic and endemic rates. (POGREBINSCHI, 2004).

*It was life, much more than law, that became the object of political struggles, even though the latter are formulated through affirmations of law. The "right" to life, to the body, to health, to happiness, to the satisfaction of needs, the "right" above all oppressions or "alienations", to find what one is and all that can be (FOUCAULT, 2015, p. 157).*

Both disciplinary power and demographic power, both the power to discipline learning and to control the population, both to form soldiers and to regulate the body, were grounded to be launched as the great technology of power. (FOUCAULT, 1986b) They make strategic use of various types of knowledge such as medicine-psychologizing and psychiatrizing (for the diagnosis of normality or abnormality), information technology and statistics (for risk management), pharmacology (for the use of medication), economics, epidemiology, demography, law (LEMOS, ET AL, 2014) (LEMOS, 2014) And they use the normalization process to "penetrate bodies in an increasingly detailed way or to control populations in an increasingly global way." (FOUCAULT, 2015, p. 116).

## Provisional findings

With the expansion of biological science, medical knowledge, psychiatrization, what could be a source of life and therapy, fascinating results and a cure, has in fact become a threat to life. People no longer feel competent to resolve their own adversities such as conflicts, fears, sadness, pain, anxiety, illness and death. They have lost the autonomy of their own mental and physical health and displaced it to health professionals, medical science and therapeutic devices. (DANTAS, 2014). From a simple flu to the loss of a loved one, they were treated by medical or medication therapies available on medical records or on shelves.

At the slightest impact of felt aggression, drugs are used. People have become dependent on legal drugs, as they create habits through the use of medications and medicinal therapeutic practices in any intercurrent situation in their lives, in search of an instant response - either for immediate relief from suffering, or for the pursuit of pleasures, or to be happy. With the advent of the Industrial Revolution and post-Enlightenment, science begins to be seen as capable of solving all of man's concerns, mainly after the loss of the mystical power of the church (DANTAS, 2014). No longer the church, but science starts to produce the truth. No longer the church, but science has the power to save man. No longer the church, but science comes to have authority over man's way and health. No longer the church that defines life span, but science that extends life or turns off the machine. Foucault (2015) indicates that the passage from ecclesiastical, biblical knowledge, disseminated by the church to scientific knowledge was made possible by the technology of sex, in the middle of the 18th century. Sex technology no longer uses the foundations of the church, which was basically related to prohibition - "those who have sex commit sin" - or decent and moralistic allowed only to married adults, but uses knowledge from:

*Pedagogy, aiming at the child's specific sexuality; medicine, with the sexual physiology typical of women as a goal; and, finally, demography, with the objective of spontaneous or planned regulation of births. (FOUCAULT, 2015, p. 126-127).*

Science occupies the place previously occupied by several other types of knowledge. Art, church dogmas, Christianity, popular beliefs, traditional and generational orientations, culture, myth are increasingly losing their place: the power of speech, the discourse of truth and the function of morality for science. Not even the wizards' place in society was spared, even though the society of the time had a pious confidence in its practices. Today, transferred to scientific knowledge, to medical discourse. (DANTAS, 2014).

After the 20th century, the advance of medical science became more accelerated with the advent of the technological scenario of medical discourse. Increasingly, the pharmaceutical industries are investing in the discovery of new medications. (DANTAS, 2014). A technological apparatus aimed directly at the body. In search of a disciplined, healthy, chemically transformed and beautiful body. The beautiful is sought because to be beautiful is to approach the ideal. Rouanet (2003, p.55) already said: "We are close to the realization of one of humanity's oldest utopias, the medical utopia of perfect health".

The body is the stage. We are today, in the culture of the cultured body. He is present in shop windows, in fashion, in magazines, in advertising. He is in doctors' offices in search of the healthy imperative. It is in plastic surgery, to worship the beautiful. It is in congresses, to be a permanent object of study. It is the extension of the market. (DANTAS, 2014). The healthy and beautiful body is the young body. To enter old age is to be unhappy. It is no longer having vigor, energy, firmness. It is a boring life. It is no longer profitable, useful. While the young man is highlighted the old is discarded.

Health and aesthetics are inseparable and both converge to the same place: the body. However, aesthetics also refers to the status, belonging, inclusion and approval that will be "in" society and "from" society. This culture of body worship and the culture of consumption shifts Puritan morality to hedonistic morality. In this world, the show is appearance and consumption, happiness. An individualistic ethics and aesthetics, linked only to consumption. The object of advertising has become symbolic. Everything but the advertised product is sold. With so many demands, the way we communicate and affirm ourselves socially moves. (DANTAS, 2014).

With so many demands suffered to keep this body healthy, beautiful and perfect, contemporary man no longer feels able to serve him in all his needs. The nature of the body is not predictable. It is from this body that the inherent and idiosyncratic nature of each one emerges and propagates. This body brings marks, traumas, histories and culture. The individual and collective meanings and existence are manifested by the body. They have ups and downs. For that, you need technical support at all times. (DANTAS, 2014). When abandoning the possible knowledge about the uniqueness, subjectivity and "evils" of humanity in modern times, science, medical discourse and contemporary psychopharmacology are shown as the most perfect and ideal engineering of the organism, founded on technological sophistication and in the annihilation of the word, the subject's speech and his unconscious.

*The pills, in drug packaging and / or in other formats for the trade carried out by groups eager for capital accumulation, started to be sold as a promise of health, happiness and high performances at work, at school, in sexual life, in punitive institutions [...] amidst the trivialization of drug prescriptions.*  
(LEMOS, et al, 2014, p. 11)

"Preventions and treatments are gaining ground in health policy, as a device that ensures profitable life and production." (LEMOS, ET AL, 2016, p. 275) They sell solutions. Sell happiness. The idea is to show that for all pains there is a remedy. Consequently, the idea is to worship and exalt the effects of medications. Thus, evidencing the invasion of medical discourse in people's daily lives.

*"[...] the medicine becomes a precious example of the power of science. The power to transform substances into powerful healing instruments. From the power to reduce life to potent substances. The power to transform man into a being liable to decipher. And, finally, the power to become a truth about human dilemmas"* (DANTAS, 2014, p.38).

According to Dantas (2014), the unbridled need to use drugs for the purpose of controlling diseases, maintaining health, or even aiming at a cure emerges from there. This results in two factors: 1) The emergence of the pharmaceutical industries in Brazil - although they do not have so much expertise to compete with the international market, due to the credibility acquired by the Brazilian population from what was produced in the country, they developed; 2)



The habit of self-medication. Since that at that time, it was not common to go to the doctor to request a pharmacological prescription. Common was the sale of medication in pharmacies at the time, without this prescription. The industries, taking advantage of this Brazilian practice of self-medication, intensified the promotion of their product in means of communication of greater reach.

This enabled the intervention of pharmacological and psychiatric knowledge in several aspects labeled as outside the standard of bourgeois civilization: single mothers, teenage pregnancy, child and juvenile delinquency, non-spontaneous abortion, use of illicit drugs, neurological disabilities, psychiatric disorders, poverty, unemployment; all in the name of security, comfort, peace. (LEMOS, 2014) "In this way, psychiatry establishes itself as the defender of the social order." (CAPONI, 2009, p. 06).

A simple act of indiscipline is diagnosed as having a Defiant Opposition Disorder; a slightly more anxious and restless body has Attention Deficit Hyperactivity Disorder; a simple sadness, an extra cry, has a Depressive Mood Disorder; a simple mania for washing hands has Obsessive Compulsive Disorder; in an endless list of everyday behaviors that are classified as deviations or out of the normal range by doctors and the pharmaceutical industry, readily has the solution for each of the deviations (LEMOS, 2014).

The norm is an element from which a certain exercise of power is founded and legitimized. [...] Perhaps we could say political. [...] the standard brings with it both a qualification principle and a correction principle. The standard does not have the function of excluding, rejecting. On the contrary, it is always linked to a positive technique of intervention and transformation, to a kind of normative power. (FOUCAULT, 2010, p. 43)

It is not possible to take into account only biological knowledge, psychiatry, pathologization, medicalization. The biopolitical society and the disciplinary society use other factors much more subtle to subjectify the individual and the population: through the government of risks and vulnerabilities and through the productive and profitable potential of each individual. Castel (1987) in Risk management, from anti-psychiatry to post-psychoanalysis, reports how psychiatry using the normal and abnormal

binomial, in a racist, hygienist and prejudiced movement, made possible the protection and security of the social body. The notion of prevention, of providence, of anticipating some unpleasant event, was born out of biopolitics, for the defense of society, so that the population is not taken by surprise.

For Castel (1987) prevention is to track risk or risk factors. "[...] a "risk mother" begets, or raises, children of risk." (CASTEL, 1987, p. 125) Prevention is also about watching and managing risk. Not watching someone, but watching statistical correlations, calculating the undesirable - crimes, delinquency, deviations. Do not manage the real risk, but the probable, an anticipation of a danger. If the danger becomes real, if the individual becomes ill, if the crime happens, the State enters the medicalization policy. If this medicalization policy fails, the State uses the punitive institution - incarceration or internment. (LEMOS, 2014).

Foucault (2010) in Os Anormais approaches this Castel's thinking about life management through security, the prevention of danger and risk management, by distancing crime and abnormality. Because by the rules of the economy of the power of punishment it is necessary to bring the figure of the abnormal to crime. For the management of risk, the criminal is punished, not the crime. The abnormal is punished, not the abnormality. (FOUCAULT, 2010)

*We could call it a pathology of criminal conduct. [...] they will be judged as criminals, but evaluated, appreciated, measured, in terms of normal and pathological. The question of the illegal and the question of the abnormal, or even that of the criminal and that of the pathological, therefore become linked. (FOUCAULT, 2010, p. 78).*

Psychiatry was considered a branch of public hygiene in the 19th century. It had the character of cleaning and purifying the social fabric against all dangers that plagued society and put it at risk. It was through this concept of social cleansing against all diseases that psychiatry was institutionalized as medical knowledge. (FOUCAULT, 2010). In order for medical theory to be as close as possible to the field of social hygiene, for psychiatric knowledge to be in charge of guaranteeing social hygiene, it was necessary to bring up the idea of social pathologization - pathologizing all deviations, errors, disorders, deficiencies - with the function of protecting society against these evils. It was also necessary for psychiatry to bring the idea of madness

as a danger, as if madmen were responsible for the large percentage of social danger. As psychiatry was the knowledge to cure the disease mental, it becomes the only legitimate knowledge to do social hygiene for the crazy. Notion that only she can protect society from the insane, only she can protect the social body from the danger that the insane ones affect, or that they can commit. (FOUCAULT, 2010)

With the combination of the two conceptions - madness as a disease and madness as danger - throughout the 19th and 20th century, psychiatry is able to bring one concept, one understanding: that madness is a disease and, therefore, it is dangerous. With this understanding, there is no more doubt: psychiatry is a knowledge of medical theory. Not just any knowledge, but unique knowledge, whose competence is to act in social hygiene. (FOUCAULT, 2010).

Acquired the competence to act in social hygiene through medical knowledge, it increasingly brings the notion of the dangerous character of the madman, the relation of the madman to crime, characterizing the madman no longer as a bearer of hallucinations, delusions and vague thinking, but he who is a contraventor, resistant, disobedient, insubordinate, not docile, who thinks he is a king, who does not obey orders but imposes them, what is above all. This is the role of psychiatry "inside the asylum". (FOUCAULT, 2010).

"Out of the asylum", for Foucault (2010), psychiatry brings the notion that only she can perceive in the smallest detail the danger that the madman affects. Psychiatric knowledge brings the notion of risk analogous to an "outbreak", to a violent and unpredictable behavior of a mental patient, or to danger, as slight as it is, as subtle and imperceptible as it is in the eyes of others, to this knowledge, because it is of medical theory, it is able to detect and prevent the risk from becoming real. The deviation, the abnormal, the crazy, is a risk to society. And the only appropriate intervention for these people at risk is through psychiatric knowledge.

*Psychiatry has created for itself this kind of sovereignty, power and knowledge: I am able to identify as a disease, to find signs of what, however, never stands out. [...] says psychiatry - I am able to recognize it; a crime without reason, a crime that is, therefore, an absolute danger, the dense danger in the body of society, I am able to recognize it. Therefore, if I can analyze a crime without reason, I will be queen.*  
(FOUCAULT, 2010, p. 104).

Through the sovereignty it acquired with the transformation of knowledge not only directed to pathological factors traditionally diagnosed - such as delirium, hysteria, hallucination - but a subtle deviation, a resistance to order, a body not docile to the political-economic apparatus, solidified as appropriate knowledge for all aspects of the social fabric. Through this strategy, using the social hygiene device, it was possible to expand psychiatry from within institutional settings. She was able to expand her jurisdiction and leave the asylums and hospitals, and infiltrate the most intimate aspect of life, becoming an expanded psychiatry, no longer focused only on pathologization - directed only to the disease - but in the normal and abnormal binomial - the abnormality is much broader than the concepts of disease. (LEMOS, 2014). The hygienist movement has gained prominence since the second half of the 19th century, and expands throughout the social body through the family and school. (LEMOS, ET AL, 2014).

The child, mother and educator segments receive greater attention from philanthropy of a medical-hygienic nature, based on normalizing them through guidance and teaching. This movement started with the management of people, especially the poor, made operational, in the Middle Ages, by the practices of charity with dogmas and doctrines of the church in the name of the salvation of souls under the penalty of going to hell; in the 18th century, for philanthropy with the performance of women and benefactors in a moralizing bias of conduct, under pain of losing the benefits; and finally, for the philanthropy of medical-hygienic assistance, using scientific principles, under pain of destroying families and producing maladjusted children. (DONZELOT, 1986)

While the assistance philanthropy strategy worked because it directed the great threatening problems of the nineteenth century - pauperism and the disciplinary reorganization of the working classes - against the Liberal State, to the private sphere, for having created the discourse on the morality of savings by not forcing workers depositing it, but giving the false idea of autonomy (savings gave families a certain autonomy); the strategy of medical-hygienist philanthropy was to increase the number of risks and dangers of the new industrial trend so that there would be a science (itself) with techniques for preventing and combating these evils. Therefore, for Donzelot (1986, p. 55-56) even philanthropy could not be conceived as,

*[...] a naively apolitical formula for private intervention in the sphere of so-called social problems, but rather a strategy deliberately depoliticizing in view of the establishment of collective equipment, occupying a neuralgic position equidistant from the private initiative and the State.*

This hygienist movement - used by liberalism to ensure control of ways of life, control of behavior, habits, production, what is expressed through education and health - focuses on medicine, education and the State to build a strong nation, free from transnational, economically and socially developed market competition. The hygiene and prevention movement disseminated medical knowledge to the entire social fabric, using a racist and prejudiced policy in the name of defending society. Booklets offered in educational campaigns containing care and hygiene techniques to teach women and disseminate concepts of conduct control, social hygiene, normalization.

If you obey the booklet containing hygiene techniques (standardization) and the manual of good conduct (moralization), you will have a healthy, hygienic and longevity life. You will also have a stabilized, structured family, a "Dorian" family.

*[...] the family device [...] was able to support the great "maneuvers" by Malthusian birth control, by population incitement, by the medicalization of sex and the psychiatrization of its non-genital forms (FOUCAULT, 2015, p. 109).*

These manuals contain moralizing and normalizing speeches in search of individuals who have naturally obedient and standardized behaviors. Naturalized behaviors produce devices - use of elements to bring the deviant to the social standard, the abnormal to be normal, the dissident and resistant to being docile and obedient. Foucault (1986a, p. 244) conceptualized the device as:

*[...] a decidedly heterogeneous set that includes speeches, institutions, organizations, architectures, regulatory decisions, laws, administrative measures, scientific statements, philosophical, moral and philanthropic propositions. In short, what is said and what is not said are the elements of the device. The device is the network that can be established between these elements.*

From the moment that education becomes mandatory, attending school becomes a greater necessity than education itself. The school arises both for peace and social security and for the progress of that society. The school's proposal is not to educate. The education program is much less teaching and much more political and economic. For this reason, it has the purpose of ongoing formation, as its continuity ensures political and economic power. Continuing education guarantees economic development, the growth of wealth, the increase in productivity of a neoliberal society through the expansion of biopolitical devices.

The production of subjectivity is based on a society of control, one that prescribes ways of being and thinking, and not criticizing. This is what produces the technology of medical knowledge. It aims to create a society that produces standard behaviors: predictable, controlled or planned behaviors to facilitate measurement, control and compliance. Scientific productions are not aimed at truth or knowledge of human nature, they aim only at understanding phenomena in order to exercise prediction and control. (DANTAS, 2014).

*In terms of "Control Societies", the policy is police, therefore, continuous and modular half-open surveillance. From the perspective of social control policy, democracy is conceived as the production of consensus, based on the standardization of norms. (LEMOS, 2008, p. 97)*

In the medicalization of bodies, the daily life, the force used at work, in the surveillance and control of the population, the problems of a social order, seem to be turning into a problem of medical-normalizing and neoliberal-consumer order. They are not just aimed at preventing, solving diseases or maintaining health. They aim at government control over the population with the function of regulating and disciplining individuals to their political and economic interests. Biopolitics, according to Foucault (1999) is "to make people live and let them die". In other words, "it regulates itself to ensure and guarantee life, to prevent and prevent death". (POGREBINSCHI, 2004, p. 197) It is a government of conduct, it fosters the insurance market, it was born in the neoliberal market system, it has an investment and income character, it is managed by the risk government where everything goes through calculations. (RODRIGUES, ET AL, 2015) "Power has essentially the function of protecting, conserving or reproducing relations of production." (FOUCAULT, 2010, p. 43). The maximum neoliberalism is to manufacture bodies and population that are normalized, standardized and obedient in order to manage their own bodies and their own lives. (RODRIGUES, ET AL, 2015) "The body that produces and consumes." (FOUCAULT, 2015, p. 116). If training fails, if the body factory fails, if the hygiene and prevention processes fail, if risk and danger management fails; the pharmaceutical industry, medicalization, psychiatrization, pathologization, psychologization are used. If it still fails, criminalization, judicialization and the use of punitive and criminal institutions are used.

### Author contributions

Lemos FCS participated in the design and writing. Galindo DCG, Rodrigues RV and Sampaio AM participated in the writing.

### Competing interests

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## References

- Caponi, S. (2009). Biopolítica e medicalização dos anormais. *Physis*, 19(2), 529-549. Recuperado de [https://www.scielo.br/scielo.php?script=sci\\_abstract&pid=S0103-73312009000200016&lng=en&nrm=iso&tlng=pt](https://www.scielo.br/scielo.php?script=sci_abstract&pid=S0103-73312009000200016&lng=en&nrm=iso&tlng=pt). doi: [10.1590/S0103-73312009000200016](https://doi.org/10.1590/S0103-73312009000200016)
- Carvalho, J. M. (2008). *Cidadania no Brasil: o longo caminho* (10a ed.). Rio de Janeiro: Civilização Brasileira.
- Catel, R. (1987). *A Gestão dos Riscos. Da Antipsiquiatria à Pós-Psicanálise* (C. Luz, Trad.). Rio de Janeiro: Francisco Alves.
- Catel, R. (1988). *As metamorfoses da questão social: uma crônica do salário*. Petrópolis: Vozes.
- Catel, R. (2011). *A Discriminação Negativa: Cidadão ou Autóctones?* (2a ed.). Petrópolis, RJ: Vozes.
- Castro, E. (2009). *Vocabulário de Foucault. Um percurso pelos seus temas, conceitos e autores* (I. M. Xavier, Trad.). Belo Horizonte: Autêntica.
- Cruz, L., Hillesehim, B., & Guareschi, N.M.F. (2005). Infância e Políticas Públicas: um olhar sobre as práticas psi. *Psicologia & Sociedade*, 17(3), 42-49. Recuperado de [https://www.scielo.br/scielo.php?pid=S0102-71822005000300006&script=sci\\_abstract&tlng=pt](https://www.scielo.br/scielo.php?pid=S0102-71822005000300006&script=sci_abstract&tlng=pt). doi: [10.1590/S0102-71822005000300006](https://doi.org/10.1590/S0102-71822005000300006)
- Cruz, L.R. (2006). *(Des) articulando as políticas públicas no campo da infância: implicações da abrigagem*. Santa Cruz do Sul: Edunisc.
- Cruz, L.R., & Guareschi, N.M.F. (2012). Articulações entre a Psicologia Social e as Políticas Públicas na Assistência Social. In L. R. Cruz, & N. M. F. Guareschi, (Orgs.). *O Psicólogo e as Políticas Públicas de Assistência Social*. Petrópolis, RJ: Vozes.
- Cruz, L.R., & Guareschi, N.M.F. (2014). Constituição da Assistência Social como Política Pública: interrogações à psicologia. In L. R. Cruz, & N. M. F. Guareschi, (Orgs.). *Políticas Públicas e Assistência Social* (5a ed.). Petrópolis, RJ: Vozes.
- Dantas, J. B. (2014). *Tecnificação da vida: uma discussão sobre o fenômeno da medicalização na sociedade contemporânea* (1a ed.). Curitiba: Crv.
- Deleuze, G. (2000). *Conversações*. São Paulo: Editora 34.
- Donzelot, J. (1986). *A Polícia das Famílias* (2a ed.). Rio de Janeiro: Graal.
- Foucault, M. (1986). *Microfísica do Poder* (6a ed.). Rio de Janeiro: Graal.

- Foucault, M. (1986). *Vigiar e Punir* (4a ed.) Petrópolis, RJ: Vozes.
- Foucault, M. (1999). *Em Defesa da Sociedade*. São Paulo: Martins Fontes.
- Foucault, M. (2008). *Nascimento da Biopolítica*. São Paulo: Martins Fontes.
- Foucault, M. (2010). *Os Anormais* (2a ed.). São Paulo: Martins Fontes.
- Foucault, M. (2015). *História da Sexualidade – I: A Vontade do Saber* (2a ed.). São Paulo: Paz e Terra.
- Lemos, F. C. S. (2012). Práticas de governo das crianças e dos adolescentes propostas pelo UNICEF e pela UNESCO: inquietações a partir das ferramentas analíticas legadas por Foucault. *Psicologia & Sociedade*, 24(spe), 52-59. Recuperado de [https://www.scielo.br/scielo.php?script=sci\\_abstract&pid=S0102-71822012000400009&lng=en&nrm=iso&tlng=pt](https://www.scielo.br/scielo.php?script=sci_abstract&pid=S0102-71822012000400009&lng=en&nrm=iso&tlng=pt). doi: [10.1590/S0102-71822012000400009](https://doi.org/10.1590/S0102-71822012000400009)
- Lemos, F. C. S., Cruz, F. F., & Souza, G. S. (2014). Medicalização da produção da diferença e racismos em algumas práticas educativas pacificadoras. *Revista Profissão Docente*, 14(30), 7-20. Recuperado de <http://www.revistas.uniube.br/index.php/rpd/article/view/851>
- Lemos, F. C. S., Galindo, D. C. G., Santos, C. S., & Rodrigues, R. D. (2014). UNICEF e algumas práticas de medicalização das famílias e crianças. *Revista Polis e Psique*, 4(2), 44-64. Recuperado de <https://seer.ufrgs.br/PolisePsique/article/view/49223>. doi: [10.22456/2238-152X.49223](https://doi.org/10.22456/2238-152X.49223)
- Lemos, F. C. S. (2014). A Medicalização da Educação e da Resistência no Presente: disciplina, biopolítica e segurança. *Psicologia Escolar e Educacional*, 18(3), 485-492. Recuperado de [https://www.scielo.br/scielo.php?pid=S1413-85572014000300485&script=sci\\_abstract&tlng=pt](https://www.scielo.br/scielo.php?pid=S1413-85572014000300485&script=sci_abstract&tlng=pt). doi: [10.1590/2175-3539/2014/0183772](https://doi.org/10.1590/2175-3539/2014/0183772)
- Lemos, F. C. S., Galindo, D. C., & Vilela, R. (2016) O Empresariamento Securitário da Vida: O Complexo Tutelar no Mercado Neoliberal da Saúde. *Athenea Digital*, 16(2), 271-286. Recuperado de <https://atheneadigital.net/article/view/v16-n2-silveira-galindo-vilela>. doi: [10.5565/rev/athenea.1510](https://doi.org/10.5565/rev/athenea.1510)
- Marco, P. S. (1997). Estado, políticas públicas e participação pós Constituição de 1988. *Cadernos ABONG*, (19).
- Pogrebinschi, T. (2004). Foucault, para além do poder disciplinar e do biopoder. *Lua Nova: Revista de Cultura e Política*, (63), 179-201. Recuperado de <https://bit.ly/305ZW80>. doi: [10.1590/S0102-64452004000300008](https://doi.org/10.1590/S0102-64452004000300008)