

**ENSAIO:**

**THE WORLD AS AN ASYLUM: BETWEEN CELEBRITIES AND MEDICINE**

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What is the relationship between "mental health" enunciation's growing process, currently explored by artists, like Lady Gaga and others, and the drugs aimed proliferation for medical-psychiatric patients' correction in the post-asylums world? This problem can be studied by the methodological process developed by Michel Foucault (cf. 1979) in which some, like Deleuze, call his second phase: the studies on the power under the Nietzsche's genealogical process. Knowing that, this essay intends to answer the above question and analyse the possible connection between heterogeneous lines, for example a type of medical discourse and pop culture in the emergence of something new.

As shown by Foucault (cf. 2001), it was through the psychiatrization of the abnormal that the transposition of the psychiatric power was expanded to other institutions. Viz., the concept of abnormality made it possible for psychiatric knowledge and discourse to be extended into fields beyond madness. In the mid-1970s, more specifically in 1977, Michel Foucault targets a new anti-psychiatrist's sordid beginning, called by him as "the sector".

[...] Would we be breaking with the nineteenth century's psychiatry and the dream it brought from its origin? Would not the sector be another, more malleable, way of making mental medicine work as public hygiene, present everywhere and always ready to intervene? [...] Our societies and the powers exercised therein are placed under the visible law's sign [...] in terms of an objective which is not the legality's respect, but regularity and order. [...] If it is true that the universal and egalitarian law dreamed of in the eighteenth century served as an inequality and exploitation's society's tool, we have walked with great strides towards an extra-judicial society in which the law has the authorizing coercive and regulatory interventions over individuals' role.

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The psychiatry [...] was one of this transformation's great factors (FOUCAULT, 1999, p. 297).

In the early twenty-first century, the variety's creation for substitutive services, accompanied by new legislation, was consolidated for what is now called *mental health*. The "madness-mental illness" system, once problematized by anti-psychiatry, also went through capture<sup>196</sup> as the other struggles' effects against the order. Happening through right's form, it gradually composed the asylum's continuity through open practices and metamorphoses the anti-psychiatric battle into a negotiated anti-asylum encounter (PASSETTI, 2012, p. 102).

The outdoor psychiatric field was distended, and the asylum's existence remained untouched, in the asylum's routine resizing under what would come to be established as a socially accepted prison cell inside and outside the walls' projection. By the end of the first decade of the twenty-first century, the sector, or more specifically, its multiplication preceded by prophylaxis, had taken shape and established itself as a new prison's dispositive form (PASSETTI, 2013, p. 20).

The psychiatry extension and deepening's reforms and new attentive models require coverage over the violence and its consequences: social privation in social vulnerability's mechanisms' stimulation and physical suffering. Thus, it is fundamental to the programs and many attentive psychological violence programs' dispositive diffusion. The intrinsic connections between different fields, such as medicine and psychiatry, articulated by the inter-sectorial, and the so-called mental disorders, presented to us the intramural and, now, extramural imprisonment. Despite "solving" mental disorder patients' problems, it shall not be forgotten that madhouse's treatments and models were respected.

The asylum compliance security measures model' replacement for the anti-asylum model was implemented in the last ten years. Mental health's care and treatment must now happen in an anti-asylum approach: substitutive services in an open environment; continuous psychosocial monitoring; individualization measure; and the subject's strengthening in its abilities and capacities to respond by herself.

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<sup>196</sup> The capture apparatuses are everything that can orient, intercept, interpolate, control or model gestures, behaviours or ways of living; it is an appropriation, a normativity, that establishes a relation between heterogeneous elements.

With this, psychiatry was once again strengthened and diversified through neuroscience: the new discourse's biologization and medicalization. In this way, it is possible to perceive psychiatry building the abnormal as its knowledge's object. The psychiatrist figure passes thus to enter other spaces beyond the hospital, in addition to mental illness' treatment. Psychiatry seeks other spaces, finds other discourses to constitute itself as a knowledge and a power beyond the hospital's walls, extending to the open society (PRADO-FILHO, 2010, p. 185).

Therefore, other therapeutic devices now open to the community: a general population's more accessible, affordable and dispersed self-care experience. Such as distributing and selling pain relievers or enhancers, not only sign the psychiatry's expansionist stance, but also turn madness into a kind of *mental health's* enunciate. Just as it is happening today, Foucault's work reveals a change at the time's psychiatric discourse makes it more involved in prophylactic presuppositions.

The creation of control devices (to prevent deviations in mental behaviour that are considered unhealthy) is increasingly prevalent in medical and psychiatric settings – fields of knowledge (Foucault, 2006, *passim*). However, when it comes to mental prophylaxis, it is already defined by what is considered madness. Since the idea of prophylaxis assumes what should be prevented, it also enables the diagnostic categories of what *is* or *is not* considered mental unhealthiness' construction.

Nowadays, it is important to emphasize the diagnosis' important function: when understood what the disease is, intervention in its development is conceivable. The new Logic presupposition is prevention. The strategy is moving from a strictly pathological bias to a prognostic one. Thus, psychiatry reveals its implication with the prevention, so the abnormality can be detected as soon as possible. Consequently, the psychiatrist goes into other spaces beyond the hospital, yonder the treatment of madness that, one day, had already been imprisoned (FOUCAULT, 1999, p. 299).

Consequently, there is no more correspondence with modern madness, but still with the mentally healthy deviants' norms. Psychiatry seeks other spaces and discourses to establish itself as a knowledge-power beyond hospitals. In this case, prophylaxis' notions enable preventive intervention in the life and personal relationships to avoid the

existence of situations that makes individuals fewer profitable bodies to neoliberalism, that is less economically productive and/or politically docile (PELBART, 2008, p. 17).

Hence psychiatric knowledge's pulverization – as a discourse and specialized mental health services' construction supporter – creates interventions and policies in the health idea's production, this associates with normality criteria socially accepted to private and public life's different areas. According to Foucault (cf. 2006), it is through the healthy person that psychiatric power permits its very existence as a political practice – its dissemination in specific normalizations' terms while calculating populations' management's life and governance (FOUCAULT, 2008b, *passim*).

Psychiatry is renewed and restored. The prison stands still, and the asylum as well. Who cares to keep them, to serve them, to sustain and be sustained by them? What remains are managers of another people's misery, and their own; the well-intentioned; the good and bad consciences; the repressors and the hospitable ones; good and evil consciences; repressive and welcoming ones; those who prefer to detect and prognosticate epidemics and endemics by reconfiguring open territories into flexible fields.

In this way, the medicalization is inserted on the most diverse and multiple spheres of our daily life and actions. Medicine's advances in its genetic and pharmaceutical aspects have contributed to populations' life and longevity increase with these resources' access. However, it is has become increasingly likely to think about life and its nuances in an extremely reductionist way. Health's production is also due to the politics, cities, families and subjectivities' medicalization because without subjection to medicalizing standards, health is not cultivated, nor it is intended to regulate acts in life management care exploration (FOUCAULT, 2008, *passim*).

Therefore, there is also negativity in medicalized power over the bodies, cities, States, and subjectivities. Medicalization and health production become correlated and may, at some point, depart, depending on the society's medicalization process' intensity. In some cases, mental health parameters' creation, by these influencers' conducting ability, ultimately guides a whole new subjectivity within those who listen to them with the unhealthy impersonal relationships and interactions' ideas.

Subsequently, mental health's parameters' creation, in a speech dear to the new American phonographic industry and its mediatic peripheries sustained by Instagram and YouTube's sub-celebrities, ultimately guides, due to these influencers' ability to drive conducts, a whole new subjectivity in those who listen to these ideas of unhealthy relationships.

On another path, one more treacherous and cunning, there is the idea that people who do not fit into certain behaviours, practices, and ways of facing life, must be constantly treated. They should go to clinicians and be susceptible to corrective medications to biochemical processes, since some parameters would not be according to the medical establishment, causing certain abnormal behaviours, such as depression or attention's deficit.

Knowing that, it is possible to argue that the rising mental health's discourse into artistic spheres is intricated in the medicalization process because both are parts of the same dispositive. They control not only knowledge but different individuals' social conducts. When, for example, Lady Gaga says that a certain type of romantic relationship is not mentally healthy for someone, she is creating a normative category that guides some conducts of those who are affected by her influence.

Parallely to this, when claimed that drugs can easily correct clinical problems (like attention's lac or depression), primarily is created another normality's category, and then applied a medicalization process to conduct this body to another way of living; more profitable, economically productive and politically docile (Foucault, 1988, p. 165-187). Nevertheless, what was exposed here represents the discipline's dispositive's extension. Prisons' wall has fallen, yet, their practices continue in even more shrewd manoeuvring the hospital has never been so limitless, but also so shrouded.

To conclude, our desires, moods, and discontents are being mapped and scanned through normality and abnormality's images; in more rigid power relations, it is possible to modulate and manipulate medications that control the neurochemical variations underlying thinking, temperament, and behaviour. Analgesic promise sold in literature and self-help therapies is a compulsive quest for health or relief. Because of heterogeneous, intense and mutual forces interweaving, subjectivities are pulverized and standardized, in full stability and constant analgesia's ideal.

Facing pain by denial or psychoactive drugs incapacitates individuals to be their tragedies' reciters, authors, and actors. Nowadays, it is possible to see the subjectivities' stabilization because drugs no longer remedy the nuisance that has become fact, but it has engendered a captures and leaks' game. Medical technologies in life's name, increase bodies' behaviour and discipline performance, operating with their positivities by inciting normality, touting it is simultaneously to these power and knowledge's mechanisms' side effects' use. The new strategy is prophylactic and non-physical, it operates, primarily, athwart the discourse that produces this new neoliberal subjectivity, and only then, as the last but always possible solution, the medicalization.

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