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DEMEDICATING LIFE – A CRITICAL LOOK AT PSYCHIC ILLNESSES, PSYCHIATRIC DIAGNOSES AND THE EXPANSION OF MEDICALIZATION IN BRAZIL

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Antonio Nacílio Sousa dos Santos[1], Antonio Gerbson da Silva[2], Lucas Teixeira Dezem[3], Luciana da Costa Dutra[4], Leandro Roque da Silva[5], Katharyna Khauane Brandão Ripardo[6], Ana Cláudia Afonso Valladares-Torres[7], Ricardo Lima Trindade[8], João Pedro Lima Piovesan[9], Taciane Laís da Silva Quadros[10],

[1] Doctorate student in Social Sciences
Federal University of Espírito Santo (UFES)
Horizonte, Ceará – Brazil.
E-mail: naciliosantos23@gmail.com
[2] Master's student in Health Education
State University of Ceará (UECE)
Pereiro, Ceará – Brazil.
E-mail: gerbsonn13@gmail.com
[3] Doctorate student in Collective Rights and Citizenship
University of Ribeirão Preto (UNAERP)
Ribeirão Preto, São Paulo – Brazil.
E-mail: lucastd19@hotmail.com
[4] Nephrology Nursing Specialization
Metropolitan Faculty of Science and Technology (FAMEC)
Parnamirim, Rio Grande do Norte – Brazil.
E-mail: lucianadutra@gmail.com
[5] Dr. in Psychology
Federal University of Rio Grande do Norte (UFRN)
João Pessoa, Paraíba – Brazil.
E-mail: leoroque1@yahoo.com.br
[6] Master of Science in Health Science
Federal University of Ceará (UFC)
Sobral, Ceará – Brazil.
E-mail: katarynakh@hotmail.com
[7] Dr. in Psychiatric Nursing
University of Brasília (UnB)
Brasília, Federal District – Brazil.
E-mail: aclaudiaval@unb.br
[8] Master in Psychology
Universidade Ibirapuera (UNIB)
São Paulo, São Paulo – Brazil.
E-mail: ricardolima.psicologo@gmail.com
[9] Graduating in Medicine
Maria Auxiliadora University (UMAX)
Mariano Roque Alonso, Asunción – Paraguay.
E-mail: joaolimapiovesan@gmail.com
[10] Master's student in Anthropic Studies in the Amazon (PPGEAA)
Federal University of Pará (UFPA)
Castanhal, Pará – Brazil.
E-mail: lais.quadros@hotmail.com

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Aparecido Francisco dos Reis[11], Reinaldo Barros Geraldo[12], Tauane Cano Barreto[13], Felipe Thiago Dias de Lima[14], Denise Diniz Pinheiro[15], Leonardo Luis Silva[16] and Thiago Esteves Campos Moreira[17].

ABSTRACT

The increase in the consumption of anxiolytics in Brazil reflects a broader phenomenon of medicalization of psychic suffering, in which everyday emotional states are transformed into psychiatric diagnoses and treated predominantly by means of drugs. In view of this reality, we ask: to what extent do the expansion of psychiatric diagnoses and the medicalization of life impact the understanding and treatment of psychic suffering in Brazil? Studies point to a "diagnostic epidemic", characterized by the exponential growth in the classification of mental disorders and their treatment with psychotropic medications. Theoretically, the research is based on the contributions of Illich (1975), Aguiar (2004), Caponi (2012), Dunker (2015), Freitas and Amarante (2017), among others. Methodologically, a qualitative approach was adopted, based on Minayo (2001), of a bibliographic nature, according to Gil (2008), and structured by a comprehensive analysis, according to Weber (1991). The findings reveal that biological psychiatry has been consolidated as the main approach to dealing with mental suffering, being strongly influenced by the pharmaceutical industry. The medicalization of children, for example, illustrates how behaviors previously considered part of the child's normal development began to be pathologized and treated with psychotropic drugs. The research concludes that the medicalization of life has generated significant social impacts, such as the growing dependence on anxiolytics and antidepressants for daily functioning, the decrease in clinical listening and the replacement of psychosocial approaches by immediate

[11] Dr. in Social Work
Federal University of Mato Grosso do Sul (UFMS)
Campo Grande, Mato Grosso do Sul – Brazil.
E-mail: aparecido.reis@ufms.br
[12] Doctor of Science
Instituto Politécnico (PROFNIT-UFRJ/Macaé)
Macaé, Rio de Janeiro – Brazil.
E-mail: reinaldobgeraldo@gmail.com
[13] Medical Student
Ingá University Center (UNINGÁ)
Doutor Camargo, Paraná – Brazil.
E-mail: tauanecbarreto@gmail.com
[14] Graduating in Medicine
Federal University of Amazonas (UFAM)
Manaus, Amazonas – Brazil.
E-mail: felipe.thiagodiaslima@gmail.com
[15] Graduating in Medicine
State University of Piauí (UESPI)
Teresina, Piauí – Brazil.
E-mail: denisepinheiro@aluno.uespi.br
[16] Graduated in Medicine
Pontifical Catholic University of Minas Gerais, Poços de Caldas (PUC/MG)
Poços de Caldas, Minas Gerais – Brazil.
E-mail: medleonardosilva@gmail.com
[17] Graduated in Psychology
Brazilian Institute of Medicine and Rehabilitation Rio de Janeiro (IBMR-RJ)
Rio de Janeiro, Rio de Janeiro – Brazil.
E-mail: tecmoreira@hotmail.com

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pharmacological solutions. The study highlights the need to rethink the current psychiatric model, promoting practices that recognize suffering as an inherent dimension of the human experience, and not just as a problem to be medicalized.

Keywords: Medicalization of Life. Biological Psychiatry. Psychiatric Diagnosis. Medicalization of Suffering.

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INTRODUCTION

MEDICALIZATION OF LIFE AND THE CONSTRUCTION OF PSYCHIC SUFFERING IN CONTEMPORARY TIMES

Contemporary culture has generated a diffuse malaise[18], characterized by ephemeral relationships and the fragility of social ties. Christian Dunker states that "[...] the feeling of uneasiness is not just an unpleasant sensation or a circumstantial fate, but the existential experience of loss of place" (2015, p. 17). This sense of displacement intensifies as the traditional references of identity and belonging are replaced by models based on appearance and consumption. In this sense, Illich points out that "[...] pain and its elimination on institutional account have acquired a central place in the anguish of our time" (1975, p. 232), revealing how modern society incessantly seeks to neutralize any form of suffering, whether physical or emotional.

> Modern liberal society – which is the society of individuals, individual freedoms and the defense of property – founds a State that is, above all, responsible for the protection and security of its members. Protection is at the base of the social pact and fundamentals, legitimizes and justifies the existence of the modern State. [...] Currently, in the face of the process of erosion of social protections (insecurity), which began in several Western countries in the 1980s, and the dismantling of the wage society (decollectivization), those who do not have the means to ensure their independence through property find themselves increasingly weakened and socially helpless, and this feeling acts as a principle of demoralization. it dissolves social and collective bonds and, finally, has the potential to undermine the psychic structure of individuals (Castel, 2005, p. 161).

This change in the way the individual perceives and relates to himself is intrinsically linked to the search for happiness through bodily sensations. Aguiar observes that "[...] Our culture promises happiness through bodily sensations, stimulating individuals to obsessively seek sensuality, beauty, fitness, eternal youth, and the ecstasies of parties and extreme sports" (2004, p. 3). Thus, identity is no longer built based on moral and social

[18] The concept of *diffuse malaise* is intrinsically linked to the notion of *liquid modernity*, developed by Zygmunt Bauman, who characterizes contemporaneity as a period marked by the fragility of social ties, the ephemerality of relationships and the instability of identities. According to Bauman (2001), "[...] the fluidity of modern times dissolves the solid references that once provided security and predictability, replacing them with fleeting relationships and a constant feeling of uncertainty" (p. 8). This scenario contributes to the increase in psychic suffering, as individuals are driven to an incessant search for emotional stability in a world that constantly subverts it. In this context, malaise becomes a diffuse condition, without a specific apparent cause, but intensely present in people's daily lives. As a consequence, there is a growing medicalization of emotions, in an attempt to offer chemical solutions to existential anxieties that, in reality, are reflections of a social model that values consumption and individual performance to the detriment of genuine human connections. In this way, biological psychiatry and the pharmaceutical industry find fertile ground for the expansion of psychiatric diagnoses, converting subjective concerns into treatable disorders, thus reinforcing the liquid logic of modernity. See: BAUMAN, Zygmunt. *Liquid Modernity*. Rio de Janeiro: Zahar, 2001.

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values, but is defined by success in building an ideal body. As Caponi reinforces, "[...] contemporary psychiatry covers a much broader field of action, covering a spectrum ranging from schizophrenia to the improvement of individuals' daily performances" (2012, p. 90). For Costa (2004: 3):

> Most people in the large urban centers of the globalized world are increasingly looking to the body for the rules and models with which to identify. This is a profound change in relation to what we lived from the eighteenth century until about 30 years ago, where the measure of human quality was given by the sentimental density of individuals. What mattered for an individual to realize himself was to see himself and be seen as an honest, capable, sensitive person, faithful to his ideals and tenacious in his purposes. They were moral values that gave the measure of his identity. Today the model of what each one should be is anchored in their ability to extract sensations from the body and to correspond to a certain aesthetic standard. People should be thin, young, and live in a permanent state of happiness.

Added to this scenario, the advancement of social networks and technological devices has further amplified this logic, creating a constant pressure to show off a perfect life. As Illich points out, "[...] the progress of civilization becomes synonymous with the reduction of the total volume of suffering" (1975, p. 234), suggesting that technology has become an essential mechanism for the maintenance of this illusion. Similarly, Dunker argues that "[...] the equivalence of the symptom with the truth value is what is essential in Marxist thought" (2015, p. 4), showing how emotional states have come to be pathologized and treated as clinical disorders. According to Aguiar (2004: 60):

> One of the most remarkable characteristics of this era is precisely the interpenetration, the coupling between human and machine. This also translates into an indeterminacy of the boundaries that separate science and politics, technology and society, nature and culture. There is nothing else that is 'pure': pure nature, pure science, the purely social, the purely political and cultural. The 'cyborg' calls into question the great oppositions between nature and culture, self and world, which have shaped Western thought. It brings the reality that human nature can be built, breaking with essentialism and naturalism.

However, when the individual fails to achieve this idealized standard of well-being and appearance, a state of anguish arises that often leads to the consumption of psychotropic drugs. Aguiar points out that "[...] The difficulties in achieving this model end up generating a state of anguish that leads many people to use various drugs to sculpt their bodies and minds, such as Prozacs, Viagras, silicones and plastic surgery" (2004, p. 3). This phenomenon reflects the growing medicalization of life, in which any form of discomfort needs to be suppressed through drugs. Caponi reinforces this issue by stating

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that "[...] the excessive medicalization of society seems to accompany the growth of the role of the pharmaceutical industry in psychiatry" (2012, p. 90).

> The widespread and abusive use of psychotropic drugs also exposes the artificialization of the human body and mind, calling into question the boundaries between nature and culture. Medicine begins to intervene in the health of individuals who are not sick, but who require pharmacological help to deal with the 'difficulties of existence'. People are increasingly resorting to medicines to withstand the pressures and suffering generated by contemporary life, or even to 'sculpt their personality', as Peter Kramer pointed out in his book Listening to *Prozac* (Aguiar, 2004, p. 57).

In this way, the transformation of the body coming from a mind that incorporates this multiplicity of *becoming*[19] in an incessant project of modification reinforces this tendency. According to Illich, "[...] medicine is gradually becoming another consumer good and the medical vocabulary overflows the boundaries of science and health, invading the daily language of individuals" (1975, p. 235). This incessant search for a perfect life leads to permanent dissatisfaction and the consumption of medical technologies that promise to meet these ideals. Aguiar complements this analysis by stating that "[...] current psychiatry, armed with a new biological vocabulary, claims to be a medicine like all the others" (2004, p. 3).

In this context, biological psychiatry strengthens the idea that any suffering can be resolved through chemical interventions. Dunker observes that "[...] there is a clear inflation of the notion of symptom – from so much meaning different and varied things, this notion has lost its clinical and critical power" (2015, p. 3). This medicalizing logic, in turn, contributes to the creation of a society that is increasingly dependent on drugs to deal with the natural challenges of existence. Illich reinforces this idea by stating that "[...] politics tends to be conceived less as an enterprise destined to maximize happiness than to minimize suffering" (1975, p. 234).

> Biological psychiatry, with its diagnostic classifications and pharmacological therapies, has expanded comprehensively, transforming normal emotional states into clinical disorders. Psychic suffering, which was previously understood within a social and existential context, is now translated as an individual problem, often

[19] The concept of becoming, present in the philosophy of Gilles Deleuze and Félix Guattari, refers to a continuous process of transformation, movement, and differentiation, in which a being or phenomenon is not fixed in a stable identity, but is always in flux, becoming something new. Becoming is not a simple change of state, but rather an opening to multiple possibilities, a departure from rigid and established forms. This concept breaks with a linear and essentialist view of being, emphasizing multiplicity and the creation of new connections, relationships, and subjectivities. According to Deleuze and Guattari (1995, p. 10), "[...] becoming is not attaining a form, but getting rid of forms to make room for the new." See: DELEUZE, Gilles; GUATTARI, Félix. *A thousand plateaus: capitalism and schizophrenia*. São Paulo: Editora 34, 1995.

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> attributed to neurochemical imbalances that require drug intervention. In this sense, psychiatric diagnoses are multiplying, consolidating a culture of dependence on drugs to regulate behavior and emotions. This perspective reduces the complexity of human subjectivity and strengthens the idea that any emotional discomfort must be eliminated through psychotropic drugs (Saberes Expertos, 2021, p. 67).

Among the most worrying aspects of this process is the pathologization of childhood. According to "The Dark Side of the Medicalization of Childhood",[20] "[...] the idea that everyday problems can be diagnosed and treated with the use of medicines is an old trend, but still present today" (Caponi, 2021, p. 1860). This shows how normal behaviors of children have come to be treated as clinical disorders, feeding a cycle of drug dependence since childhood. Dunker (2015) reinforces this criticism by stating that "[...] a symptom is not a symptom, and a malaise is not a symptom" (p. 4).

In this way, contemporary culture imposes an ideal of life based on sensory experience and physical appearance, shifting the construction of identity to a continuous project of optimization of the body and emotions. As Illich (1975) concludes, "[...] pain and its elimination on institutional account have acquired a central place in the anguish of our time" (p. 232). This model of existence generates a cycle of permanent dissatisfaction, reinforced by the pharmaceutical industry and biological psychiatry, consolidating a paradigm of medicalization of life.

> In a society dominated by analgesia, it seems rational to escape pain, literally, at any price, rather than to confront it. It seems reasonable to suppress pain, even if it suppresses fantasy, freedom, or conscience. It seems reasonable to free oneself from the discomforts imposed by pain, even if it costs the loss of independence. As analgesia dominates, behavior and consumption decline all ability to cope with pain, an index of ability to live. At the same time, the faculty of enjoying simple pleasures and weak stimulants decreases. People living in an anesthetized society need increasingly powerful stimulants to give the impression that they are alive. Noises, shocks, races, drugs, violence and horror sometimes remain the only stimulants capable of eliciting an experience of oneself (Illich, 1975, p. 234).

[20] The book *The Dark Side of the Medicalization of Childhood* presents a critical analysis of the growing pathologization of childhood behaviors and the consequent increase in the prescription of psychotropic drugs for children and adolescents. The work problematizes how characteristics of childhood, such as agitation, distraction and impulsivity, have been increasingly framed as psychiatric disorders, especially with the advancement of the diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). According to the authors, "[...] the idea that everyday problems can be diagnosed and treated with the use of medicines is an old trend, but still present today" (Caponi, 2021, p. 1860). In addition, the book discusses the impacts of the prolonged use of psychotropic drugs in children, questioning the market interests involved in early medicalization. The work contributes significantly to the debate on the need to rethink pedagogical, family and medical practices that seek more humanized alternatives to deal with the challenges of child development, avoiding the naturalization of drug dependence as the only solution to behavioral difficulties. See: CAPONI, Sandra et al. *The dark side of the medicalization of childhood: possibilities of coping*. Rio de Janeiro: Nau Editora, 2021.

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QUALITATIVE AND BIBLIOGRAPHIC RESEARCH IN UNDERSTANDING THE MEDICALIZATION OF PSYCHIC SUFFERING: APPROACHES, IMPACTS AND REFLECTIONS, REVIEWS

The qualitative approach in health plays a fundamental role in understanding the subjective dimensions of illness and the processes of medicalization of daily life. Unlike quantitative methodologies, which are based on statistical data and objective measurements, this perspective seeks to interpret meanings, motivations, and social contexts that influence health and disease. Thus, this view allows a deeper understanding of complex phenomena that cannot be reduced to numbers, such as the expansion of psychiatric diagnoses and the increase in the consumption of psychotropic drugs. According to Minayo (2007), "[...] qualitative research allows us to explore the universe of representations, beliefs, values and practices that involve the health-disease process, enabling the understanding of phenomena in their complexity" (p. 57). In a complementary way, Gil (2008) highlights that "[...] the qualitative analysis of the data depends a lot on the interpretative capacity of the researcher, since there are no predefined formulas to structure the investigation" (p. 176). In this way, this approach made it possible to identify cultural and social patterns that influence the medicalization of life, evidencing how certain behaviors come to be seen as pathologies.

This perspective became even more relevant when analyzing the influence of the pharmaceutical industry in the construction of psychiatric diagnoses and treatments. The growing expansion of biological psychiatry, driven by market interests, has promoted a reductionist perception of human suffering, transforming natural emotions and behaviors into clinical disorders. In this sense, this view allowed us to question the hegemonic discourses that sustain this model, bringing to light subjective experiences and social impacts of the massive use of psychotropic drugs. As Freitas and Amarante (2017) point out, "[...] Biological psychiatry has expanded beyond specialized offices, becoming a mass phenomenon driven by market interests" (p. 132). In addition, Minayo (2007) points out that "[...] qualitative methods are fundamental to critically analyze how medical practices and biomedical knowledge shape the perception of suffering and disease" (p. 63). Thus, this approach made it possible to deconstruct diagnostic categories and question the excessive use of drugs as the main therapeutic strategy.

> [...] Qualitative research is essential to understand the phenomena in their totality, as it seeks to apprehend the meanings attributed by social subjects to their own experience. Thus, it is not only a matter of describing a reality, but of interpreting it

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> from the multiple dimensions that constitute it. Thus, issues related to human suffering, health perceptions and the processes of medicalization of life can only be properly analyzed through this investigative perspective, which gives voice to social actors and enables the construction of a critical view of hegemonic biomedical models (Minayo, 2007, p. 64).

In addition to contributing to the questioning of diagnostic categories, this approach proved to be indispensable to understand the impacts of the prolonged use of psychotropic drugs on the lives of individuals. Chemical dependence induced by long-term consumption of anxiolytics and antidepressants has been neglected by traditional biomedical models, which often minimize the risks associated with these medications. As Caponi (2021) warns, "[...] contemporary psychiatry covers a much wider field of action, covering a spectrum ranging from schizophrenia to the improvement of individuals' daily performances" (p. 90). This view, by privileging the reports of users of these drugs, allows us to highlight the adverse effects of these substances and the challenges faced by those who seek to stop using them. In this sense, Gil (2008) states that "[...] the analysis process in qualitative research involves the critical interpretation of the data collected, allowing the identification of patterns of behavior and their implications for public health" (p. 177). Thus, this approach has broadened the understanding of the impacts of medicalization on people.

According to Minayo (2007), "[...] qualitative research is a powerful instrument to reveal the contradictions of medical discourses and the ways in which individuals experience and resignify their relationship with health" (p. 72). Similarly, Amarante and Freitas (2017) point out that "[...] the expansion of the psychotropic drug market reflects a logic of social control that disregards alternative therapeutic approaches" (p. 94). Thus, by giving visibility to the narratives of psychiatric medication users, this perspective can contribute, which was not the case in question, to the construction of a more humanized and critical approach to mental health, which goes beyond the simple prescription of medications.

> [...] Qualitative research in health, by privileging the view of the subjects' experience, allows us to understand how medical practices not only reflect technical knowledge, but also construct social realities. In this sense, medical discourses, far from being neutral, are crossed by power relations and institutional interests that shape the representations of disease and cure. Thus, by analyzing the narratives of patients and health professionals, this approach makes it possible to reveal contradictions in hegemonic discourses, as well as the ways in which individuals resignify their experiences and care practices (Minayo, 2007, p. 89).

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Thus, qualitative research plays a crucial role in the formulation of public policies that consider the complexity of psychic suffering and its multiple determinations. Rather than focusing exclusively on biomedical approaches, it is necessary to integrate social, cultural, and subjective perspectives in the formulation of care strategies. This approach provides important subsidies for the formulation of policies that respect the particularities of the subjects and their experiences, promoting a more comprehensive and humanized health care. As Minayo (2007) points out, "[...] qualitative research enables the construction of health policies that are more inclusive and adjusted to the social reality of individuals" (p. 85). In a complementary way, Gil (2008) reinforces that "[...] qualitative analysis allows the interpretation of patterns and regularities that would not be captured by quantitative methods, becoming essential for the formulation of effective interventions" (p. 178). Thus, this perspective not only contributes to the advancement of scientific knowledge, but also to the construction of care strategies that prioritize the subjectivity of individuals and respect for their specificities, reducing dependence on exclusively pharmacological solutions.

That said, the study of the medicalization of psychic suffering requires a solid theoretical basis, and for this, bibliographic research plays an essential role. By gathering and critically analyzing academic productions, it allowed the identification of discursive and argumentative patterns that support the growth in the consumption of anxiolytics and antidepressants. As Minayo (2007) points out, "[...] bibliographic research is a fundamental resource for the construction of scientific knowledge, as it allows the researcher to map the state of the art on a given theme and establish relationships between different analytical perspectives" (p. 92). Complementing this view, Gil (2008) emphasizes that "[...] the bibliographic research provides an indispensable theoretical basis for the delimitation of the problem and for the formulation of hypotheses that guide the study" (p. 49). Thus, this approach not only broadened the understanding of the theme, but also methodologically grounded the critical analysis of the influence of biological psychiatry and the pharmaceutical industry on the medicalization of emotions.

In addition, this perspective made it possible to problematize the hegemonic discourses that naturalize dependence on psychotropic drugs as a solution to psychic suffering. From the analysis of different works and academic studies, it became possible to identify how the expansion of psychiatric diagnoses has been instrumentalized by market interests. According to Amarante and Freitas (2017), "[...] the proliferation of diagnostic

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categories and the expansion of the use of psychotropic drugs configure a process of social control that reduces human suffering to a chemical issue and disregards its sociocultural dimension" (p. 102). In a complementary way, Caponi (2019) argues that "[...] modern psychiatry has redefined the boundary between the normal and the pathological, incorporating into its field of activity a growing number of emotional and behavioral states" (p. 85). Thus, by critically reviewing the scientific productions on the subject, this view allowed a broader analysis of the mechanisms that sustain the massive consumption of psychiatric medications.

Another fundamental aspect of this research methodology was the possibility of establishing connections between different areas of knowledge, enriching the analysis of the phenomenon studied. The intersection between psychiatry, sociology, philosophy, and anthropology has made it possible to understand medicalization as a multifaceted process that cannot be reduced to a single variable. As Minayo (2007) points out, "[...] Research in social sciences applied to health needs to dialogue with different fields of knowledge, as health-disease phenomena cannot be explained exclusively by biomedical factors" (p. 75). In the same sense, Gil (2008) points out that "[...] the bibliographic approach allows the researcher to relate different theoretical and methodological perspectives, expanding the interpretative scope of the investigation" (p. 53). Thus, this approach has become more robust, avoiding reductionism and ensuring a deeper analysis of the medicalization of psychic suffering.

In addition to the theoretical basis, this look also played a crucial role in the historical contextualization of the investigated problem. By mapping the development of psychiatric diagnoses and the evolution of the use of psychotropic drugs, it is possible to understand how certain practices have been consolidated over time. As Illich (1975) points out, "[...] the institutionalization of health care has generated a society that is increasingly dependent on medical interventions, becoming incapable of dealing with suffering autonomously" (p. 134). In the same sense, Dunker (2015) argues that "[...] contemporary culture imposes a model of subjectivity that associates well-being with the consumption of substances that promise emotional stability and social performance" (p. 42). In this way, this perspective contributed to the understanding of how the biomedical paradigm became dominant and what were the transformations that drove the expansion of biological psychiatry.

Finally, the bibliographic research not only allowed a detailed survey of academic productions on the subject, but also favored a critical reflection. By analyzing the

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phenomenon of medicalization based on a broad literature review, it was possible to propose alternative paths that contemplate more humanized and integrative therapeutic approaches. As Minayo (2007) points out, "[...] bibliographic research should not be limited to the mere compilation of information, but should be conducted in a reflective and critical way, contributing to the construction of transformative knowledge" (p. 89). Complementing this view, Gil (2008) emphasizes that "[...] the systematic nature of the bibliographic research guarantees a solid basis for the formulation of hypotheses and for the interpretation of the phenomena studied" (p. 67). Thus, this methodology not only structures the present research, but also opens space for broader debates about the impacts of the medicalization of life and the possibilities of resistance to this model.

A CRITICAL LOOK AT PSYCHIC ILLNESSES, PSYCHIATRIC DIAGNOSES AND THE EXPANSION OF MEDICALIZATION IN BRAZIL

The consumption of psychiatric drugs in Brazil has grown alarmingly in recent years, evidencing a global trend of medicalization of psychic suffering. According to a study conducted by Sandbox[21], a company specializing in data for the health sector, the use of medication for depression and anxiety increased by more than 18% between August 2022 and August 2024. In addition, 21% of the 600 thousand people analyzed in the study used psychiatric drugs in this period, resulting in a 49% growth in the number of consumers of these substances. This phenomenon reflects not only the expansion of diagnostic criteria, but also the popularization of psychotropic drugs as a quick solution to emotional problems. As Aguiar (2004) points out, "[...] the widespread and abusive use of psychotropic drugs also exposes the artificialization of the human body and mind, calling into question the boundaries between nature and culture" (p. 57). Thus, at the same time that immediate relief from suffering is offered, a cycle of chemical dependence and excessive medicalization of daily life is created.

> The most serious problem is in relation to the creation of chemical dependence produced with its continuous use. For example, it has been shown for a long time that **Diazepam** (*emphasis added*) has a high potential to create chemical dependence; it produces tolerance and withdrawal syndrome, that is, after a period of use, people suffer from severe anxiety when they stop taking this drug. In 1976, an article was published entitled 'Addiction to Diazepam' (Portuguese, 'Diazepam Dependence') (Maletzky & Klotter, 1976). People often turn to anxiolytics because they suffer from insomnia. In the beginning, the use of a benzodiazepine helps the person sleep. Its user has the experience of having a peaceful and deep sleep.

[21] To access the full study, visit the official Sandbox website: sandboxdata.com.br.

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> However, over time, the dose becomes insufficient, and, to ensure the expected sleep, the patient needs to either increase it or change the anxiolytic medication. And when drug treatment is interrupted, anxiety often increases overwhelmingly (Freitas & Amarante, 2017, p. 104).

Chemical dependence caused by the continued use of benzodiazepines[22], such as Diazepam, is a problem that is widely documented in the scientific literature. Studies show that, despite the initial relief provided by these drugs, their prolonged use leads to tolerance, forcing the patient to increase the dosage to obtain the same effects. In addition, abrupt discontinuation of the drug results in a severe withdrawal syndrome, characterized by symptoms such as intense anxiety, insomnia, tremors, and panic attacks. This process shows how the medicalization of psychic suffering can create a cycle of chemical dependence that is difficult to break. As Dunker (2015) observes, "[...] the path chosen in Brazilian history is to depoliticize suffering, medicalize malaise and condominially the symptom" (p. 35). In this sense, Caponi (2012) warns that "[...] empirical evidence suggests that anxiolytics, especially benzodiazepines, create a cycle of chemical dependence and adverse side effects that are often worse than the original symptoms they are intended to treat" (Caponi, 2012, p. 92).

Thus, it is clear that this phenomenon is not recent. Historically, psychiatry and the pharmaceutical industry have played a crucial role in promoting psychotropic drugs as a solution to emotional and social problems. Between the 1950s and 1970s, there was a significant growth in the consumption of anxiolytics, especially among women, under the promise of well-being and emotional stability. However, the adverse consequences began to be widely studied, leading, in the 1980s, to a change in attitude on the part of regulatory

[22] Benzodiazepines are a class of psychotropic medications that are widely prescribed for the treatment of anxiety disorders, insomnia, and epilepsy, due to their anxiolytic, sedative, muscle relaxant, and anticonvulsant effects. These drugs act on the central nervous system by enhancing the action of gamma-aminobutyric acid (GABA), an inhibitory neurotransmitter that reduces neuronal activity, promoting a feeling of relaxation and tranquility. However, long-term use of these substances can lead to tolerance, physical and psychological dependence, as well as severe withdrawal symptoms when discontinued abruptly. According to Freitas and Amarante (2017), "[...] Benzodiazepines, although effective in the immediate relief of anxiety, present a high risk of chemical dependence, and are increasingly questioned in the context of public health due to their indiscriminate use" (p. 104). In addition, Illich (1975) points out that "[...] tranquilizers are the type of drug whose consumption expands most rapidly, even surpassing the growth in the use of recreational substances" (p. 234). The impact of excessive consumption of these medications has raised concerns, especially with regard to their inappropriate prescription and the medicalization of emotional experiences that could be addressed in other ways. See: FREITAS, Fernando; AMARANTE, Paulo. *Medicalization in Psychiatry*. Rio de Janeiro: Fiocruz, 2017; ILLICH, Ivan. *The Expropriation of Health*. Rio de Janeiro: Nova Fronteira, 1975.

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agencies, such as the FDA[23], which declared that everyday anxiety should not be treated with anxiolytics. According to Freitas and Amarante (2017), "[...] in view of the volume of accumulated evidence regarding the iatrogenic results produced by the massive use of anxiolytics, the FDA itself, in 1980, declared that the anxiety or tension associated with the stress of everyday life would not require treatment with anxiolytics" (Freitas & Amarante, 2017, p. 103). Complementing this view, Dunker (2015) points out that "[...] the medicalization of everyday life reflects a biopolitical strategy[24] that feeds on the contemporary need to manage and normalize human suffering, transforming existential experiences into treatable disorders" (p. 210).

In addition, chemical dependence on these medications not only impacts the physical and mental health of individuals, but also reflects a broader process of medicalization of everyday life. Biological psychiatry[25], by reducing human subjectivity to a

[23] The Food and Drug Administration (FDA) is the United States regulatory agency responsible for the control and inspection of food, drugs, vaccines, medical devices, cosmetics, and biotechnology products. Created in 1906, its main function is to ensure the safety, efficacy and quality of the products consumed by the American population, establishing strict criteria for the approval of new drugs and monitoring possible post-marketing adverse effects. The FDA plays a key role in regulating the global pharmaceutical industry, as its decisions often influence health policies in other countries. According to Young (2003), "[...] the FDA not only regulates consumer products, but also sets scientific and ethical standards for clinical trials and biomedical innovation, and is considered one of the most influential institutions in the field of public health" (p. 12). In addition, the agency adopts a model based on scientific evidence to approve new treatments, ensuring that their use occurs based on sound technical criteria. See: YOUNG, James Harvey. *Pure Food: Securing the Federal Food and Drugs Act of 1906*. Princeton: Princeton University Press, 2003.

[24] When Christian Dunker states that "[...] the medicalization of everyday life reflects a biopolitical strategy", he refers to the way in which control over bodies and subjectivities comes to be exercised through psychiatry and the pharmaceutical industry. Inspired by the theories of Michel Foucault, Dunker argues that the increasing transformation of emotions and behaviors into psychiatric disorders is a mechanism of social regulation, which standardizes the human experience and restricts alternative ways of dealing with suffering. According to him, "[...] the medicalization of everyday life reflects a biopolitical strategy that feeds on the contemporary need to manage and normalize human suffering, transforming existential experiences into treatable disorders" (Dunker, 2015, p. 210). This process occurs through the expansion of psychiatric diagnoses and the massification of pharmacological treatments, shifting the focus from the social conditions that generate anguish and discomfort to an individualized and chemical approach to suffering. In this way, biopolitics acts subtly, encouraging adherence to norms of normality and productive adaptation, reinforcing a model of society that minimizes clinical listening and prioritizes quick and standardized solutions. See: DUNKER, Christian Ingo Lenz. *Malaise, suffering and symptom: a psychopathology of Brazil between walls*. São Paulo: Boitempo, 2015.

[25] Biological psychiatry is an approach within psychiatry that seeks to explain mental disorders from neurobiological bases, emphasizing the influence of genetic, neurochemical, and structural factors of the brain on the development of psychiatric diseases. This perspective is based on the chemical imbalance hypothesis, according to which disorders such as depression, anxiety, and schizophrenia result from alterations in brain neurotransmission, especially in the levels of serotonin, dopamine, and noradrenaline. Biological psychiatry has driven significant advances in pharmacotherapy, leading to the popularization of medications such as antidepressants and anxiolytics. However, critics argue that this approach reduces psychological distress to an exclusively chemical problem, ignoring social and historical determinants. According to Freitas and Amarante (2017), "[...] Biological psychiatry has expanded beyond specialized offices, becoming a mass phenomenon driven by market interests" (p. 132). In addition, Caponi (2019) highlights that "[...] modern psychiatry has redefined the boundary between the normal and the pathological, incorporating into its field of activity a growing number of emotional and behavioral states" (p. 85). Thus,

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neurochemical imbalance, strengthens the idea that psychic suffering should be treated only through pharmacotherapy. As a result, therapeutic practices that could contribute to the subject's autonomy end up being neglected in favor of a drug approach that often generates more problems than solutions. Illich (1976) emphasizes this criticism when he states that "[...] the medical establishment has become the greatest threat to health" (p. 9). In the same vein, Aguiar (2004) points out that "[...] contemporary psychiatry follows the same trend as the other life sciences, that is, that one can act on nature by creating artificial forms of life" (p. 57).

Another worrying factor is the resistance of the scientific and medical community to recognize the adverse effects and challenges of withdrawing these substances. Studies indicate that this resistance is largely due to the influence of the pharmaceutical industry in the funding of research and scientific journals, which perpetuates the excessive use of these drugs, despite evidence of their risks. As Brzozowski (2016) points out, "[...] we have reached a time when the boundaries between the pharmaceutical industry and scientific production are blurred by each other" (Brzozowski, 2016, p. 47). Freitas and Amarante (2017) warn that "[...] the logic of this alliance increasingly reduces the territory of the normals to an islet" (p. 132).

That said, criticism of biological psychiatry does not mean denying the importance of medications in specific cases, but rather highlighting the need for a broader look at the forms of treatment, valuing approaches that respect the complexity of the human experience. In this sense, Aguiar (2004) argues that "[...] Assuming a position in the face of the new possibilities of intervention of psychiatry in human life and the role of the pharmaceutical industry in the construction of science is an important political issue that imposes itself on psychiatrists today" (p. 57). Complementing this perspective, Caponi (2012) emphasizes that "[...] The expansion of expanded psychiatry redefines not only clinical practices, but also the way societies perceive and manage psychic suffering" (p. 112). In this way, questioning the hegemonic model of medicalization of psychic suffering does not only mean proposing other therapeutic strategies, but also challenging a logic that transforms human pain into market opportunities for the pharmaceutical industry.

although it has contributed to the development of effective treatments, biological psychiatry also raises debates about its influence on the medicalization of life and the expansion of psychiatric diagnoses. See: CAPONI, Sandra. *Mad and degenerate: a genealogy of psychiatry expanded*. Florianópolis: EdUFSC, 2019; FREITAS, Fernando; AMARANTE, Paulo. *Medicalization in Psychiatry*. Rio de Janeiro: Fiocruz, 2017.

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Continuing with the research data, the population's dependence on psychotropic drugs intensifies as contemporary psychiatry becomes increasingly guided by chemical interventions. The Sandbox survey revealed that each user purchased, on average, two boxes of medicines per month, and patients who used antidepressants represented more than 80% of the total analyzed. This data reinforces the pattern of massive consumption of these substances, generating significant impacts on the mental health of the population. According to Illich (1975), "[...] the growth in the consumption of prescription substances that produce habit or dependence has increased by 290% from 1962 to the present" (p. 234). In addition, Dunker (2015) adds that "[...] the generalized growth of medicalization and pharmacological interventions in the field of mental health has increasingly favored the replacement of clinical practices based on the word in favor of the massive administration of medication" (p. 11). In this way, biological psychiatry is strengthened, consolidating a care model that prioritizes chemical regulation to the detriment of clinical listening and comprehensive patient welcoming. According to Freitas and Amarante (2017: 94):

> The idea circulating among us is that antidepressants have the power to change our moods and that they achieve this because they affect the amount of serotonin and norepinephrine in the brain. A phenomenon that cannot escape our attention is that antidepressants have been used not only for depression (mild or severe), but also to treat chronic pain, anxiety, the so-called panic disorder or even obsessive-compulsive disorder and even eating disorders.

The use of antidepressants has expanded significantly, encompassing not only the treatment of depression, but also several other conditions, such as anxiety disorders, obsessive-compulsive disorder, and even chronic pain. This expansion of clinical indications reflects a growing process of medicalization of emotions and human experience, in which the pharmacological solution overlaps with more comprehensive therapeutic approaches. As Freitas and Amarante (2017) point out, "[...] Antidepressants are no longer an exclusive matter of the purview of psychiatrists. Different national and international studies show that physicians in primary care[26] are often the ones who

[26]Criticism of primary care physicians who prescribe psychiatric medication revolves around the lack of specific training in the area of mental health and the excessive medicalization of symptoms that could be managed by other therapeutic approaches. Many general practitioners, because they do not have in-depth training in psychiatry, resort to the prescription of psychotropic drugs as a quick solution to the demands of patients who present psychic suffering. According to Aguiar (2004), "[...] In the absence of specialized training that allows him to offer other answers to similar questions, the clinician prescribes. And what he prescribes could not be anything other than a diagnosis and a medicine. This is the so-called 'therapeutic test': when in doubt, it is better to treat; if there is an answer, it is depression that we are dealing with" (p. 68). In addition, Freitas and Amarante (2017) point out that "[...] the expansion of the psychotropic drugs market and the consequent expansion of psychiatry beyond specialized offices make the prescription of psychotropic drugs a

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prescribe antidepressants the most; after all, any physician is qualified to prescribe antidepressants" (p. 94). In addition, this phenomenon was driven by the launch of substances such as Prozac, which expanded the presence of psychotropic drugs in society. As Aguiar (2004) points out, "[...] the launch of Prozac in the late 1980s [...] brought an even more important novelty: acting specifically on serotonin, the new substance proves to be effective in all types of depression. And not only in depression: fluoxetine, the name of the active ingredient in Prozac, is also effective in phobic-anxiety disorders, panic disorder, obsessive-compulsive disorder, bulimia, among others" (p. 68).

This expansion of the use of antidepressants is directly related to the predominance of the discourse of biological psychiatry, which supports the hypothesis of chemical imbalance as the cause of mental disorders. This model has been widely disseminated, reinforcing the idea that these conditions result from neurochemical deficits[27] that can be corrected through pharmacotherapy. However, this reductionist view ignores the complexity of the social, cultural, and psychological factors involved in human suffering, restricting treatment to a purely pharmacological approach. As Freitas and Amarante (2017) warn, "[...] The complexity of the human psyche and its forms of pleasure and suffering are reduced to this simple mechanism of disease. In depression, the problem is that there would be too little serotonin in the synaptic gaps, and the serotonergic pathways in the brain are underactive. Antidepressants are supposed to normalize serotonin levels in synaptic gaps and thus allow pathways to transmit messages at an appropriate rate" (p.

trivialized act within general medicine" (p. 132). This phenomenon raises concerns about the indiscriminate use of antidepressants and anxiolytics, often without an adequate diagnosis or without psychotherapeutic follow-up, reinforcing the logic of the medicalization of psychic suffering to the detriment of more integrative and humanized approaches. See: AGUIAR, Adriano. *Psychiatry on the couch: between the life sciences and the medicalization of existence*. Rio de Janeiro: Fiocruz, 2004; FREITAS, Fernando; AMARANTE, Paulo. *Medicalization in Psychiatry*. Rio de Janeiro: Fiocruz, 2017.

[27] Neurochemical deficits refer to changes in the levels of neurotransmitters in the brain, which can impact cognitive, emotional, and behavioral functions. These chemicals, such as serotonin, dopamine, and norepinephrine, play a key role in communication between neurons, regulating processes such as mood, attention, and stress response. The chemical imbalance theory suggests that deficiencies or excesses of these neurotransmitters may be associated with psychiatric disorders such as depression, anxiety, and schizophrenia. However, this hypothesis has been widely debated, as it reduces the complexity of psychological suffering to an exclusively biological problem. According to Freitas and Amarante (2017), "[...] the idea that mental disorders derive solely from neurochemical deficits simplifies the phenomenon of mental health and ignores the social and subjective determinants of human suffering" (p. 80). In addition, Caponi (2019) points out that "[...] Contemporary psychiatry has been consolidated on the premise that the biochemical correction of a supposed brain imbalance is sufficient to restore mental health, disregarding the multiple dimensions involved in mental illness" (p. 103). Thus, although neurochemical deficits play an important role in the neurobiology of mental disorders, their role must be understood within a broader model that takes into account psychological, social, and cultural factors. See: CAPONI, Sandra. *Mad and degenerate: a genealogy of psychiatry expanded*. Florianópolis: EdUFSC, 2019; FREITAS, Fernando; AMARANTE, Paulo. *Medicalization in Psychiatry*. Rio de Janeiro: Fiocruz, 2017.

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80). Complementing this critical perspective, Aguiar (2004) observes that "[...] biological psychiatry is characterized by being able to articulate a very concrete practice with a field of extremely vague hypotheses, but which are taken as if they were stabilized knowledge" (p. 68).

In addition to the conceptual issue, the expansion of the consumption of antidepressants also raises concerns about their adverse effects and the potential for dependence on these substances. Although they are not traditionally classified as drugs of abuse, evidence suggests that their long-term use can lead to withdrawal syndrome and a host of unwanted side effects, often ignored in everyday prescribing. As Freitas and Amarante (2017) point out, "[...] antidepressants are so serious for public health that the Danish physician Peter Gotzsche, researcher and leader of the Nordic Cochrane Center[28], recommends that all these antidepressant drugs, like psychiatric drugs in general, be withdrawn from the market, due to the inability of the vast majority of doctors to know how to deal with them" (p. 100). In addition, the strong relationship between the pharmaceutical industry and scientific production contributes to the maintenance of this drug model, making it difficult to disseminate alternative therapeutic approaches. In this sense, Brzozowski (2016) points out that "[...] we have reached a time when the boundaries between the pharmaceutical industry and scientific production are blurred by each other" (2016, p. 47).

Given this scenario, it is essential to critically reflect on the dominant psychiatric model and its implications for the mental health of the population. The reduction of human suffering to an exclusively biological phenomenon neglects more integrated and humanized approaches, which could promote more effective and lasting care. As Aguiar (2004) suggests, "[...] Assuming a position in the face of the new possibilities of intervention of psychiatry in human life and the role of the pharmaceutical industry in the construction of science is an important political issue that imposes itself on psychiatrists today" (p. 57).

[28] The Nordic Cochrane Centre is an independent research centre linked to the Cochrane Collaboration, an international organisation renowned for conducting systematic reviews on the efficacy and safety of medical interventions. Located in Denmark, the center is recognized for its critical performance in relation to the pharmaceutical industry and for advocating for greater transparency in clinical research. One of its main researchers, Peter C. Gotzsche, has been one of the greatest critics of biological psychiatry and the excessive use of psychotropic drugs. According to Gotzsche (2015), "[...] the medicalization of everyday life and the increasing prescription of psychiatric drugs pose a threat to public health, as many of these drugs are ineffective, addictive, and increase the risk of serious side effects" (p. 89). The Nordic Cochrane Centre has also played a key role in denouncing conflicts of interest in medical research, emphasizing the need for independent studies to ensure patient safety and the reliability of treatments. See: GOTZSCHE, Peter C. *Deadly Psychiatry and Organised Denial*. London: People's Press, 2015.

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Therefore, questioning the hegemony of biological psychiatry does not mean denying the advances in pharmacotherapy, but rather seeking therapeutic alternatives that contemplate the complexity of the subjective experience, promoting comprehensive care and the autonomy of individuals.

In addition to the impacts on mental health, the growth in the prescription of psychiatric drugs also generates significant economic consequences. According to the Sandbox survey, average monthly spending on these drugs increased from R$154 to R$189 between August 2022 and August 2024, representing a variation of 22.8%, a percentage well above the accumulated inflation in the period (8.65%). This scenario reveals how the medicalization of life not only transforms the way individuals deal with their emotions, but also affects their financial stability, reinforcing a model of continuous pharmacological consumption. As Dardot and Laval (2016) point out, "[...] being one's own company presupposes living entirely at risk" (p. 346). Thus, the consumption of psychiatric drugs becomes part of a life management model, in which the individual must control his mental health to meet the productive demands of contemporary society. This logic translates into the expansion of the use of psychotropic drugs as a tool for adapting to a world that requires constant high performance and emotional stability.

> Among the strategies most used by pharmaceutical companies to deal with this 'therapeutic war' and create markets for the products they develop is the promotion of aggressive campaigns to change doctors' prescribing habits and try to distinguish their drugs from competitors, even when they are practically indistinguishable. A commercial victory in the war for certain market shares can mean millions of dollars for a pharmaceutical company. However, for the health system's funders and patients, this can mean a dizzying increase in the costs of care and excessive prescriptions (Aguiar, 2004, p. 68).

The influence of the pharmaceutical industry on medical prescription is a well-documented strategy that aims to expand markets and consolidate the continuous consumption of medicines. This phenomenon is marked by aggressive marketing campaigns, incentives for doctors, and the reconfiguration of what is considered a disease. As Freitas and Amarante (2017) point out, "[...] the expansion of the psychiatry market and the pharmaceutical industry seems to have no limits, insofar as there are countless human experiences that can be converted into mental illnesses" (p. 104). In this context, the creation and popularization of new mental disorders allow more individuals to be incorporated into the psychotropic drug market, ensuring a permanent clientele. As Aguiar (2004) points out, "[...] The pharmaceutical industry has actively sponsored the

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dissemination of the concept of certain diseases and promoted them to both doctors and patients. They are true marketing campaigns, aimed at drawing the public's attention to 'little diagnosed' and 'little treated' diseases in the population" (p. 68).

This market logic not only drives the medicalization of everyday life, but also redefines medical practice, making drug prescription the main therapeutic solution. As a consequence, psychiatry's dependence on drugs results in a progressive distancing from clinical listening and comprehensive patient embracement. In addition, the normalization of the use of medications contributes to the social acceptance of medicalization as the only response to psychological suffering. As Illich (1975) observes, "[...] the growth in the share of medical expenditures within the Budget and the GNP[29], that is, the medicalization of the Budget and the GNP, constitutes a global indicator of the decline of the biological autonomy of individuals, an autonomy that is identified with health" (p. 234). Thus, the hegemonic psychiatric model comes to be guided not only by a reductionist biological view, but also by a market logic that reinforces the chemical dependence of individuals in relation to medications.

In addition to the impact on medical practice, this dynamic generates significant economic consequences, with an increase in individual and collective costs related to the consumption of psychotropic drugs. This growth is driven by the strong influence of the industry in the formulation of therapeutic guidelines and the consolidation of new consumer markets. We endorse, again, what Brzozowski (2016) points out, "[...] we have reached a moment when the boundaries between the pharmaceutical industry and scientific production are blurred by each other" (p. 47). In this way, medicalization not only redefines psychic suffering as a biological problem, but also transforms mental health into a highly lucrative niche, in which the continuous use of medications is encouraged as a condition for the individual's functionality in contemporary society.

[29] The quoted excerpt refers to the Gross National Product (GNP) in the context of the health economy and the medicalization of life. In this sense, Ivan Illich criticizes the increase in medical expenditures within the public budget and GNP as a reflection of the growing dependence of modern societies on medical interventions to deal with issues that were previously solved autonomously. For Illich (1975), "[...] the growth in the share of medical expenditures within the Budget and the GNP, that is, the medicalization of the Budget and the GNP, constitutes a global indicator of the decline of the biological autonomy of individuals, an autonomy that is identified with health" (p. 234). This process of medicalization expands the consumption of medical and pharmaceutical services, reducing the ability of individuals to manage their own health without the constant need for professional assistance and medications. Thus, Illich warns of the economic and social impacts of the excessive institutionalization of health, arguing that the expansion of the medical sector can, paradoxically, compromise people's quality of life and autonomy. See: ILLICH, Ivan. *The Expropriation of Health*. Rio de Janeiro: Nova Fronteira, 1975.

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Given this scenario, we question the hegemony of biological psychiatry and the impacts of the pharmaceutical market on the definition of mental health treatments. Criticism of this model does not mean denying the advances in psychopharmacology, but rather recognizing that excessive medicalization can limit the autonomy of individuals and restrict the diversity of therapeutic approaches. As Aguiar (2004) warns, "[...] Assuming a position in the face of the new possibilities of intervention of psychiatry in human life and the role of the pharmaceutical industry in the construction of science is an important political issue that imposes itself on psychiatrists today" (p. 57). Therefore, it is essential that psychiatric practices be promoted that consider the complexity of psychological distress and that do not reduce the human experience to a mere neurochemical imbalance or a market strategy.

Added to this context, another determining factor for this scenario is the precarious training of general practitioners, who are the main prescribers of psychotropic drugs. As Zarifian points out, "[...] Although about 30% of the clientele of general practitioners are patients with mental disorders, the university training of these professionals in psychiatry is quite precarious, with a maximum of 22 to 30 hours of teaching medical psychology and 50 hours of clinical psychiatry" (p. 68). With little specific training in the area of mental health, many physicians quickly resort to drug prescription as their main treatment strategy, without evaluating more comprehensive therapeutic alternatives. As Mazón (2017) observes, "[...] Probably no other industry has such a decisive weight on consumption as the pharmaceutical industry. In particular, the psychotropic industry" (p. 34). This scenario further strengthens the pharmaceutical industry's dominance over contemporary psychiatry, consolidating a mental health model centered on medicalization, without a critical debate on the long-term impacts of this generalized chemical dependency.

> This insufficient training of the generalist is further aggravated when we take into account the time that these professionals have to be able to assess the clinical condition of their patients. According to Zarifian, the low amount paid for consultations by general practitioners ends up producing meetings between the doctor and the patient of very short duration, averaging 8 to 15 minutes per patient. Now, in such a situation, what other resource could the doctor use to respond to the demands of patients, other than the prescription of a psychotropic drug? With such training and having such a short time with his patient, what possibilities would the clinician have to establish a more careful psychiatric diagnosis? (Aguiar, 2004, p. 68).

The insufficient training of general practitioners in psychiatry has a direct impact on the quality of diagnoses and treatment of mental disorders. This problem is further

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aggravated when considering the reduced time of consultations, which makes it difficult to make a detailed assessment of patients. As a consequence, clinicians often resort to the prescription of psychotropic drugs as a quick solution to psychological distress, even without a more in-depth diagnosis. As Aguiar (2004) points out, "[...] In the absence of specialized training that allows him to offer other answers to similar questions, the clinician prescribes. And what he prescribes could not be anything other than a diagnosis and a medicine. This is the so-called 'therapeutic test': when in doubt, it is better to treat; if there is an answer, it is depression that we are dealing with" (p. 68). In addition, Freitas and Amarante (2017) point out that "[...] the immediate effect of this practice is the expansion of the psychotropic drugs market and the consequent expansion of psychiatry beyond specialized offices, making prescription a trivialized act within general medicine" (p. 132).

Given this reality, not only the deficient training of physicians, but also economic pressure and health policies play a crucial role in the way mental disorders are managed in clinical practice. The current model, focused on efficiency and speed of care, prevents professionals from adopting more humanized approaches and non-drug therapies. As Amarante and Freitas (2015) observe, "[...] the exacerbation of the medicalization of daily life, capable of transforming normal physical or psychological sensations into symptoms of diseases, has been provoking 'epidemics' of diagnoses and treatments, highly advantageous for the pharmaceutical industry, which occupy an increasingly central place in the capitalist economy" (p. 94). This distancing from clinical listening favors a psychiatry focused exclusively on symptomatic control, without considering the social and subjective dimensions of psychic suffering. In addition, the time limitation of medical consultations prevents the construction of a therapeutic bond, transforming drug prescription into an automatic act, devoid of reflection on its long-term consequences.

In this sense, the pharmaceutical industry's dominance over psychiatric practice is strengthened, consolidating a highly medicalized mental health model. Encouraging the prescription of psychotropic drugs not only generates impacts on the health of patients, but also reinforces chemical dependence and increases the industry's profits. As Freitas and Amarante (2017: 36) point out:

> [...] The pharmaceutical industry appropriates the results for its profit. In addition, certain scientists receive very high remuneration for directing their research to objects of interest to the pharmaceutical industry. In the same way, clinicians and scientists are paid to advertise pharmaceutical products, either through favorable scientific articles, interviews broadcast by the media, or even by participating in congresses.

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Given this scenario, it is urgent to rethink medical training and the therapeutic guidelines adopted in mental health. A concerted effort is needed to extend the length of consultations, strengthen the psychiatric training of general practitioners, and encourage practices that integrate psychosocial and community approaches. Complementing this critical view, the Forum on the Medicalization of Education and Society[30] (2010) emphasizes that "[...] the medicalization and pathologization of education and society are part of a set of social practices in which human, social, cultural, and political issues are transformed into pathologies, diseases, disorders, or disorders whose diagnoses originate in the 'psi' or medical field" (Forum on the Medicalization of Education and Society, 2010, p. 58). Therefore, the debate on the impacts of medicalization must go beyond biological discourse, incorporating a critical analysis of the economic interests that permeate contemporary psychiatry, in order to ensure that mental health is addressed in a more ethical, responsible, and humanized way.

In view of this situation, it is essential to question the impacts of the expansion of psychiatric diagnoses and the excessive consumption of psychotropic drugs in society. The significant increase in the consumption of these substances in Brazil cannot be analyzed only as a reflection of greater awareness of mental health, but also as an indication of a system that is reorganized around the prescription of drugs. In view of this, Aguiar (2004: 35) states:

> If the subject is shy and you push a little, he can be classified as social phobia. If he has mania, he is diagnosed with obsessive-compulsive disorder. If the child is agitated at school, they may think they are having an attention hyperactivity disorder. Normal things in life are being seen as pathologies. Nowadays, if an individual is not careful and passes unsuspectingly through the door of a psychiatrist, he can enter such a category and leave with a diagnosis and treatment in hand. [...] There was an excess of psychiatric diagnoses. This variety serves the interests and financial health of the industry more than the health of patients.

[30] The Forum on the Medicalization of Education and Society**,** created in 2010, aims to critically discuss the growing pathologization of school and behavioral difficulties, promoting pedagogical and social alternatives that do not reduce the challenges of learning to medical diagnoses and pharmacological treatments. The Forum was launched during the First International Seminar "Medicalized Education: Dyslexia, ADHD and other supposed disorders", held in São Paulo, bringing together education and health professionals, researchers and representatives of entities concerned with the transformation of social and educational problems into supposed neurological disorders. According to the Forum's manifesto, "[...] the medicalization and pathologization of education and society are part of a set of social practices in which human, social, cultural, and political issues are transformed into pathologies, diseases, disorders, or disorders whose diagnoses originate in the 'psi' or medical field" (Forum on the Medicalization of Education and Society, 2010, p. 58). In this way, the initiative seeks to stimulate public debate on the impacts of medicalization on childhood and youth, encouraging more inclusive and humanized educational strategies. See: FORUM ON THE MEDICALIZATION OF EDUCATION AND SOCIETY. *Manifesto of the Forum on the Medicalization of Education and Society*. São Paulo: CRP-SP, 2010. Available at: https://www.crpsp.org.br/medicalizacao/manifesto_forum.aspx. Accessed on: 14 Jan. 2025.

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The growing expansion of psychiatric diagnoses reflects a phenomenon that transcends the legitimate concern with mental health and enters a territory marked by the pathologization of daily life. In this context, attitudes and behaviors previously considered normal variations of the human experience began to be framed as disorders, driving a trend of generalized medicalization. As Freitas and Amarante (2017) point out, "[...] Medicalization should not be confused with medication (the prescription and treatment of diseases with medications) or with medicationization (the abusive use of medications). It is a process through which complex phenomena of social and political origin, marked by culture and a given historical time, are converted into objects of health and displaced to the domains of the medical order and related practices" (p. 48). In addition, Dunker (2015) points out that "[...] the great brain metaphors are developed: serotonin, depression, immunology, which parasitize the true neurofunctional explanations and the effective diagnostic tests, which are yet to come" (p. 112). Thus, the growth of medicalization cannot be seen only as an advance in mental health awareness, but as a process that increases dependence on pharmacological solutions and redefines the notion of normality. He adds:

> Part of this growth is explained by the segmentation of old 'interpretive' diagnostic classes, such as psychosis and neurosis, which are divided into smaller and smaller 'descriptive' symptomatic units: somatoform disorders, dissociative disorders, anxiety disorders, factitious disorders. The decomposition and multiplication of diagnostic entities follow the criteria of flexibility, segmentation and 'managed' use that regulate the 'business' of health in generic terms [...]. The fluctuation of neurochemical and pharmacological metaphors requires conceptual and descriptive units that are increasingly flexible and clinically indeterminate, and increasingly hypothetical from an etiological point of view, to justify the repeated production of new medications (Dunker, 2015, p. 34).

In this scenario, the segmentation of psychiatric disorders has been a determining factor. The classification and reclassification of diagnoses in manuals such as the DSM (Diagnostic and Statistical Manual of Mental Disorders)[31] has led to the fragmentation of

[31] The Diagnostic and Statistical Manual of Mental Disorders (DSM) is a widely used classification in psychiatry to diagnose mental disorders, being published by the American Psychiatric Association (APA). Since its first edition in 1952, the DSM has undergone several revisions, incorporating new diagnostic categories and redefining clinical criteria. Currently in its fifth revised edition (*DSM-5-TR),* the manual is one of the main instruments for standardizing psychiatric diagnoses at a global level, influencing both clinical practice and scientific research. However, the DSM is the target of criticism for excessively expanding the scope of mental disorders, which, according to its critics, can contribute to the medicalization of everyday life and the overprescription of psychotropic drugs. As Caponi (2019) points out, "[...] the modern psychiatric classification, by expanding the boundaries of what is considered pathological, reinforces the medicalization of behavior and subjectivity" (p. 102). Thus, the DSM, despite its relevance to psychiatry, remains a controversial document that reflects not only medical criteria, but also sociocultural and economic influences. See: AMERICAN PSYCHIATRIC ASSOCIATION. *Diagnostic and Statistical Manual of Mental Disorders –*

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diagnostic categories and the creation of new clinical conditions, some of which overlap with common characteristics of daily life. As Amarante and Freitas (2015) point out, "[...] the exacerbation of the medicalization of daily life, capable of transforming normal physical or psychological sensations into symptoms of diseases, has been provoking 'epidemics' of diagnoses and treatments, highly advantageous for the pharmaceutical industry, which occupy an increasingly central place in the capitalist economy" (p. 94). Along the same lines, Illich (1975) warns that "[...] social iatrogenesis is the undesired and harmful social effect of the social impact of medicine, rather than that of its direct technical action" (p. 103). Thus, the continuous expansion of diagnostic categories has strengthened the view that any emotional discomfort or behavioral variation should be treated as a disease, intensifying the consumption of psychotropic drugs.

At the same time, the influence of the pharmaceutical industry plays a central role in this process. Companies in the sector invest heavily in the promotion of new categories of disorders, financing research and campaigns that reinforce the need for drug treatment. Aguiar (2004) observes that "[...] this capacity for increasing recruitment of consumers is so important in the case of psychotropic drugs that Philippe Pignarre[32] goes so far as to state that, from the point of view of capitalism and its imperative of permanent renewal of the market, the psychotropic industry represents the most advanced sector of medicine, as it has a potential for unlimited dissemination" (p. 35). In this way, the alliance between psychiatry and the pharmaceutical industry has led to a scenario in which the priority response to psychic suffering is medicalization, relegating psychosocial approaches to a secondary role.

Consequently, the impact of this excessive medicalization is not restricted to the individual level, but also affects the social dynamics as a whole. The pathologization of

DSM-5-TR. 5. rev. ed. Porto Alegre: Artmed, 2022; CAPONI, Sandra. *Mad and degenerate: a genealogy of psychiatry expanded*. Florianópolis: EdUFSC, 2019.

[32] Researcher Philippe Pignarre is one of the main critics of the pharmaceutical industry and the medicalization of life, analyzing how the excessive consumption of psychotropic drugs is related to market interests and strategies of social control. In his work *The Great Secret of the Pharmaceutical Industry*, Pignarre (2005) discusses how large corporations in the sector transform common human experiences into diseases, driving the massive prescription of drugs without considering the long-term impacts. According to him, "[...] the pharmaceutical industry not only sells medicines, but also manufactures diseases, creating new therapeutic needs based on the expansion of diagnostic criteria" (Pignarre, 2005, p. 47). Her work highlights the role of pharmaceutical companies in the production of psychiatric knowledge and in influencing physicians and health policies, evidencing how the biomedical discourse has become hegemonic in the treatment of psychic suffering. In this way, her research contributes to the critical debate on biological psychiatry and the economic interests behind the medicalization of society. See: PIGNARRE, Philippe. *The big secret of the pharmaceutical industry*. São Paulo: Annablume, 2005.

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natural behaviors generates a culture in which suffering and the diversity of human experiences are seen as abnormalities to be corrected, rather than as aspects inherent to the human condition. As Freitas and Amarante (2017) point out, "[...] For the pharmaceutical industry to succeed in expanding its business, it is essential to create new patients. And for these new patients to be created, the role of the physician is imperative" (p. 34). Complementing this analysis, Caponi (2019) points out that "[...] Modern societies tend to think of all their conflicts and difficulties in medical terms, more precisely psychiatric. Inattentive or restless children, who would require special care from their teachers and families, are now diagnosed with attention deficit hyperactivity disorder (ADHD). Women who are victims of family violence or moral harassment at work are diagnosed as depressed" (p. 18). In this way, medicalization not only redefines the perception of human suffering, but also reinforces the belief that any emotional discomfort should be treated exclusively with medication, to the detriment of structural and community solutions.

In view of this situation, it is necessary to critically question the limits between genuine psychic suffering and the construction of diagnoses that respond to market interests. Although psychiatry plays an essential role in mental health care, its growing reliance on a reductionist model based on pharmacotherapy raises ethical and social concerns. As Freitas and Amarante (2017) point out, "[...] the alliance between post-DSM-III psychiatry and the pharmaceutical industry promoted in society the proposal that we are all, in some way, 'carriers' of some mental disorder, even if it is for a period of life" (p. 131). Likewise, Illich (1975) warns that "[...] the health of the individual suffers from the fact that medicalization produces a morbid society" (p. 104). Therefore, in addition to the prescription of medications, it is necessary to promote alternative forms of care that include welcoming, qualified listening and therapeutic approaches that respect the complexity of human subjectivity. Only in this way will it be possible to overcome the logic of excessive medicalization and build a mental health care model that values the diversity and autonomy of individuals.

CONCLUSION

The present research analyzed the expansion of psychiatric diagnoses and the medicalization of life in Brazil, seeking to understand the impacts of this phenomenon on the way psychic suffering is treated in contemporary society. From the literature review and

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the critical analysis of the evidence, it was found that biological psychiatry has consolidated itself as the dominant approach in mental health, favoring pharmacological interventions to the detriment of more integrative and humanized therapeutic strategies. This reductionist model is based on the hypothesis of neurochemical imbalance, which, despite being widely questioned, continues to support the massive prescription of psychotropic drugs as a response to the emotional challenges of everyday life.

The findings show that the expansion of diagnostic criteria has contributed to the pathologization of natural behaviors of human existence, transforming common experiences, such as sadness, anxiety and restlessness, into clinical disorders that require drug treatment. This diagnostic expansion, largely driven by the pharmaceutical industry, generates a cycle of chemical dependence that, far from solving emotional problems, often aggravates them. Studies indicate that the prolonged use of psychotropic drugs, especially benzodiazepines and antidepressants, is associated with a series of adverse effects, including tolerance, withdrawal, and cognitive impairment, which reinforces the need for a more judicious and responsible approach to prescribing these substances.

Another central aspect identified in the research is the influence of the pharmaceutical industry in defining the parameters of contemporary psychiatry. The alliance between the pharmaceutical sector and psychiatric practices has led to a commodification of mental health, where human suffering is converted into market opportunities. This phenomenon is reflected not only in the excessive medicalization of mental disorders, but also in the production and promotion of new diagnoses that continuously expand the target audience for the consumption of psychotropic drugs. As a result, mental health is managed under a logic of chemical regulation, to the detriment of psychosocial approaches that consider the subjectivity and historicity of the subjects.

In addition, the research revealed that the training of general practitioners in the area of mental health is often insufficient for an adequate management of psychiatric disorders. This deficit in professional training contributes to the indiscriminate prescription of psychotropic drugs, often without an in-depth diagnosis or without the consideration of therapeutic alternatives. The precariousness of consultation time, combined with institutional pressure for quick responses, makes drug prescription become the main tool in the care of patients with psychic suffering, further intensifying the process of medicalization of life.

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In view of this scenario, it is imperative to rethink the mental health care model, promoting a broader approach that contemplates the complexity of psychological suffering beyond the biomedical paradigm. This implies the need for public policies that encourage more humanized therapeutic practices, expanding access to psychotherapy, clinical reception, and forms of care that respect the subjectivity of individuals. It is essential that mental health be approached in a critical and ethical manner, ensuring that medicalization does not become the only way of intervention in the processes of mental illness.

Finally, the research reinforces the importance of a closer look at the economic interests that permeate the expansion of psychiatric diagnoses and the consumption of psychotropic drugs. The medicalization of suffering cannot be naturalized as an inevitable process, but must be debated in the light of its social, political, and ethical implications. Only through this debate will it be possible to build alternatives that promote comprehensive mental health care, based on valuing subjectivity, qualified clinical listening, and overcoming the reductionist logic that transforms human life into a market for the pharmaceutical industry.

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REFERENCES

1. Aguiar, A. (2004). A psiquiatria no divã: Entre as ciências da vida e a medicalização da existência. Fiocruz.

2. American Psychiatric Association. (2022). Manual diagnóstico e estatístico de transtornos mentais – DSM-5-TR (5th ed., rev.). Artmed.

3. Amarante, P., & Freitas, F. (2017). Medicalização em psiquiatria. Fiocruz.

4. Bauman, Z. (2001). Modernidade líquida. Zahar.

5. Bauman, Z., Deleuze, G., & Guattari, F. (1995). Mil platôs: Capitalismo e esquizofrenia. Editora 34.

6. Brzozowski, F. (2016). A patologização da vida: Entre a biopolítica e a indústria farmacêutica. Loyola.

7. Caponi, S. (2019). Loucos e degenerados: Uma genealogia da psiquiatria ampliada. EdUFSC.

8. Castel, R. (2005). As metamorfoses da questão social: Uma crônica do salário. Vozes.

9. Costa, J. F. (2004). História da psiquiatria no Brasil: Um corte ideológico. Fiocruz.

10. Dardot, P., & Laval, C. (2016). A nova razão do mundo: Ensaio sobre a sociedade neoliberal. Boitempo.

11. Dunker, C. I. L. (2015). Mal-estar, sofrimento e sintoma: Uma psicopatologia do Brasil entre muros. Boitempo.

12. Foucault, M. (2006). História da loucura na Idade Clássica. Perspectiva.

13. Fórum sobre a Medicalização da Educação e da Sociedade. (2010). Manifesto do Fórum sobre a Medicalização da Educação e da Sociedade. CRP-SP. https://www.crpsp.org.br/medicalizacao/manifesto_forum.aspx

14. Gil, A. C. (2010). Métodos e técnicas de pesquisa social (6th ed.). Atlas.

15. Gotzsche, P. C. (2015). Deadly psychiatry and organised denial. People's Press.

16. Illich, I. (1975). A expropriação da saúde. Nova Fronteira.

17. Mazón, T. (2017). A biopolítica da medicalização. Editora Gulbenkian.

18. Minayo, M. C. de S. (2007). O desafio do conhecimento: Pesquisa qualitativa em saúde (11th ed.). Hucitec.

19. Nordic Cochrane Center. (n.d.). About Cochrane Nordic. https://nordic.cochrane.org/

20. Pignarre, P. (2005). O grande segredo da indústria farmacêutica. Annablume.

Revista ARACÊ
ISSN: 2358-2472

21. Santos, A. N. S. dos, et al. (2024a). Tecendo os fios da saúde pública: O impacto do saneamento básico na qualidade de vida urbana e no meio ambiente. Cuadernos de Educación y Desarrollo, 16(5), e4259. https://doi.org/10.55905/cuadv16n5-079

22. Santos, A. N. S. dos, et al. (2024b). Políticas culturais e saúde mental na infância: Políticas públicas de cultura e sua importância para o desenvolvimento da saúde mental das crianças. Cuadernos de Educación y Desarrollo, 16(4), e4045. https://doi.org/10.55905/cuadv16n4-136

23. Santos, A. N. S. dos, et al. (2024c). "Quando grafito, existo": O graffiti como dispositivo para a construção da identidade, resistência e inclusão dos jovens na periferia das cidades brasileiras. Cuadernos de Educación y Desarrollo, 16(6), e4383. https://doi.org/10.55905/cuadv16n6-026

24. Santos, A. N. S. dos, et al. (2024d). "Diálogos que curam": A percepção dos pacientes sobre a comunicação dos profissionais da saúde no SUS. Contribuciones a las Ciencias Sociales, 17(6), e7404. https://doi.org/10.55905/revconv.17n.6-100

25. Santos, A. N. S. dos, et al. (2024e). "A fortaleza invisível": Reflexões sobre aspectos socioemocionais e de saúde mental das mães solos no Brasil. Cuadernos de Educación y Desarrollo, 16(6), e4510. https://doi.org/10.55905/cuadv16n6-101

26. Santos, A. N. S. dos, et al. (2024f). "Vidas entrelaçadas": Vivências e agenciamentos subjetivos de cuidadores de pacientes oncológicos em cuidados paliativos. Cuadernos de Educación y Desarrollo, 16(7), e4773. https://doi.org/10.55905/cuadv16n7-051

27. Santos, A. N. S. dos, et al. (2024g). "O grito silencioso": Desvendando os nós invisíveis do suicídio e da autolesão entre jovens no Brasil. Contribuciones a las Ciencias Sociales, 17(8), e9319. https://doi.org/10.55905/revconv.17n.8-144

28. Santos, A. N. S. dos, et al. (2024h). "Ordem de saúde, norma familiar": Entrelaçando os saberes técnico-científicos sanitaristas e o conhecimento cultural popular de medicina familiar no imaginário coletivo. Observatório de la Economía Latinoamericana, 22(9), e6930. https://doi.org/10.55905/oelv22n9-202

29. Santos, A. N. S. dos, et al. (2024i). Os novos manicômios: Contrarreforma psiquiátrica, a mercantilização da loucura e a ascensão das comunidades terapêuticas no Brasil. Caderno Pedagógico, 21(12), e11224. https://doi.org/10.54033/cadpedv21n12-245

30. Santos, A. N. S. dos, et al. (2024j). Virada vacinal – táticas e estratégias de resistência inspiradas em Michel de Certeau para combater o negacionismo na retomada das vacinas. Caderno Pedagógico, 21(13), e11991. https://doi.org/10.54033/cadpedv21n13-210

31. Santos, A. N. S. dos, et al. (2024k). Entre o peso do cuidado e a exaustão invisível: O desgaste biopsicossocial dos profissionais da educação e saúde a partir da "Sociedade do Cansaço" de Byung-Chul Han. Cuadernos de Educación y Desarrollo, 16(13), e6979. https://doi.org/10.55905/cuadv16n13-101

32. Weber, M. (1991). A ética protestante e o espírito do capitalismo. Companhia das Letras.

33. Young, J. H. (2003). Pure food: Securing the Federal Food and Drugs Act of 1906. Princeton University Press.

34. Zarifian, P. (2005). O império do sintoma: Medicalização e sociedade contemporânea. Seuil.