



THE BIOMEDICAL PARADIGM IN MENTAL HEALTH CARE: CONCEPTS ABOUT THE USE OF PSYCHOTROPICS AS A FORM OF CARE

O PARADIGMA BIOMÉDICO NA ASSISTÊNCIA À SAÚDE MENTAL: CONCEPÇÕES ACERCA DA UTILIZAÇÃO DE PSICOTRÓPICOS COMO FORMA DE CUIDADO

EL PARADIGMA BIOMÉDICO EN LA ATENCIÓN DE LA SALUD MENTAL: CONCEPTOS SOBRE EL USO DE PSICOTRÓPICOS COMO FORMA DE ATENCIÓN



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ABSTRACT

By tracing the history of psychiatry, this research aims to understand the changes, advances and setbacks observed in the treatments proposed for the various forms of psychological distress that arise within the Public Health Network. The methodology used is an integrative literature review, for the selection and analysis of studies and publications from the last six years, using as research criteria studies that contain information about the prescription of psychotropic drugs as a priority treatment protocol for this demand. With this, we hope to understand how the dominant biomedical paradigm influences current care practices and discuss the effectiveness of this model in dealing with the subjective issues of psychological distress in the context of mental health care.

Keywords: Psychotropics. Medicalization. Biomedical Paradigm. Mental Health.

RESUMO

Percorrendo a história da psiquiatria, a presente pesquisa visa compreender as mudanças, avanços e retrocessos verificados nos tratamentos propostos às diversas formas de sofrimento psíquico que surgem no âmbito da Rede Pública de Saúde. A metodologia utilizada é a revisão integrativa da literatura, para seleção e análise de estudos e publicações dos últimos seis anos, utilizando como critério de investigação estudos que contenham informações a respeito da prescrição de psicotrópicos como protocolo de tratamento prioritário para essa demanda. Com isso, espera-se entender como o paradigma biomédico dominante influencia as práticas de cuidado atuais e discutir sobre a efetividade desse modelo para lidar com as questões subjetivas do sofrimento psíquico no contexto da

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assistência à saúde mental. Após a análise dos materiais selecionados, foi possível compreender três eixos temáticos centrais, os quais abordam sobre os efeitos da medicalização nos serviços de saúde da Atenção Básica, a patologização da infância e da adolescência e suas consequências no aprendizado e também sobre a influência do modo capitalista de produção no processo de psiquiatrização da vida.

Palavras-chave: Psicotrópicos. Medicalização. Paradigma Biomédico. Saúde Mental.

RESUMEN

A través de un recorrido por la historia de la psiquiatría, esta investigación busca comprender los cambios, avances y retrocesos observados en los tratamientos propuestos para las diversas formas de malestar psicológico que surgen en la Red de Salud Pública. La metodología empleada consiste en una revisión bibliográfica integradora para la selección y análisis de estudios y publicaciones de los últimos seis años, utilizando como criterios de investigación estudios que contienen información sobre la prescripción de psicofármacos como protocolo de tratamiento prioritario para esta demanda. Con esto, se espera comprender cómo el paradigma biomédico dominante influye en las prácticas asistenciales actuales y analizar su eficacia para abordar los problemas subjetivos del malestar psicológico en el contexto de la atención a la salud mental.

Palabras clave: Psicotrópicos. Medicalización. Paradigma Biomédico. Salud Mental.



1 INTRODUCTION

The concept of medicalization has come into force in academic studies since the last decade, indicating that its effects have an extreme influence on today's society. Defined as the process in which non-medical issues become medical, in the form of pathologies and disorders (CONRAD, 2007), the term is intrinsically related to the increase in the prescription of psychotropic drugs in order to relieve undesirable – but common – feelings in a constant promotion of the trivialization of psychic suffering (FILARDI, 2021). Furthermore, the process of medicalization contributes to the docilization of bodies and their framing in the norms produced by society in the face of the capitalist system of production (FOUCAULT, 1985).

Rodrigues and Damico (2017) postulate about the remarkable phenomenon of postmodern society: the medicalization of life. There is a rupture in the will to power - in an attempt to limit existence - through the increasing attribution of pathologies to everyday aspects, combined with a growing prescription of psychotropic medications as a form of care for psychic suffering, with the consequent loss of subjectivation processes. Thus, a dichotomy between body and mind is created (MOLCK; BARBOSA; DOMINGOS, 2021).

Therefore, unpleasant situations and negative events that are experienced in everyday life promote the feeling of sadness, anguish and mourning. And the difficulty of dealing with these emotions, in the face of a hyper-accelerated pace of life, in which you must be productive at all times, leads to a greater search for the prescription of medicines in order to relieve these symptoms and promote maximum economic profitability. In addition, common problems in the areas of work, family and relationships have been increasingly pointed out as the initial cause for the use of psychotropic medications (FILARDI; MARIE; OLIVEIRA, 2021).

The medicalization of society is one of the forms of biopolitics, that is, a power strategy for the control of life processes such as birth, morbidity, behaviors, through prescriptions of conducts, medications and medical interventions in the body, in the urban space and in the living conditions of the populations. Throughout the twentieth century, medicalization transcended properly medical issues related to health and diseases, erecting itself as a normative function by which the limits of normal and abnormal were defined in the most varied fields of social life (CARON; IANNI; LEFEVRE, 2018, p. 1335).



Furthermore, the medicalization of life, such as schools, police, asylums and psychiatric hospitals, emerges as a form of control, as a device responsible for monitoring bodies. And so, it influences a new way of doing Psychology, with its core in the depotentialization of subjectivity and in the legitimization of a biopower that ensures an existence prescribed by means of medications. All the power of creation becomes weakened, losing the human essence (RODRIGUES & DAMICO, 2017).

This control of society over individuals is analyzed by Foucault (1985), who designates that this domain begins with the body, at a biological level. Biopolitics is then defined as a device of power over human life and bodies, regulating medical knowledge and practices as instruments of control through science. It is from this scenario that the influence of medicine on social problems is boosted, in an increase in the need for medical assistance for psychosocial issues, such as drug addiction and alcoholism (FRAZÃO & MINAKAWA, 2018), increasingly attributing early diagnoses and stigmas disguised in the form of disorders and pathologies to behaviors that deviate from a normativity established by a dominant class.

With the progress of industrialization and the advance of urbanization of cities, the issue of hygiene comes into force. Individuals began to be increasingly watched by medicine, in order to inspect epidemics and unhealthiness. Thus, a medicine concerned with controlling the health emerges, especially for those who distance themselves from the standardized model of work aptitude, in order to adapt to the current economic system and get rid of pathological alienation (BARBOSA & LEITE, 2020). The sovereignty of medical power is established, based on a normalizing and moralistic ideology, directly influencing the health actions developed for subjects, families, and the community (MOURA, 2023). Everything that deviates from the standard norm must be "fixed" in order to reinsert itself into the imposed logic.

In the alignment between medicalization and the advancement of hegemonic biomedical rationality, the health model is centered on reductionism, individualism, and technologization. The opening of medical knowledge to the medicalization of new spaces, prioritizing a theory of diseases and clinical anatomy, presents peculiarities: a view of the human body as a machine, of diseases as concrete and without variations in different subjects and spaces – such as social, subjective, historical and cultural issues – and the exacerbation of the discourse on the imperfection of bodies. This complex and intertwined system dialogues with the emerging capitalist logic (MOLCK; BARBOSA; DOMINGOS, 2021, p. 2).

This replaced traditional practices and spontaneous knowledge with the supremacy



of science, in a constant search for the "scientificization of healing" (BORTOLLI, KOVALESKI, MORETTI-PIRES, 2019, p. 69). Thus, the emphasis of care ends up falling only on the biological level, disregarding subjectivities and historical and social dimensions. Shimoguiiri and Costa-Rosa (2017) relate this phenomenon to the Medicalizing "Hospital-centric" Psychiatric Paradigm (PPHM), in which the object of interventions is disease and cure, admitting a medicalizing and disciplinary practice that produces sociocultural alienation.

It is from the Brazilian psychiatric reform that it was possible to conceive a new way of thinking and doing health, with the gradual transition from the PPHM to the Psychosocial Paradigm (PPS). This, in turn, emphasizes the subject and his subjective dimension of experiencing psychic suffering, in a dialectical way, in view of his insertion in the socio-historical environment (SHIMOUGUIRI & COSTA-ROSA, 2017). However, there is still a hegemony of the PPHM and the medical power in mental health practices, especially in the context of the Unified Health System (SUS), with an extreme difficulty in overcoming the asylum model of health care and a consequent imprisonment of users to the asylum logic, affecting, above all, marginalized individuals in situations of extreme vulnerability and psychic suffering (ROSA & MALFITANO, 2019), in the face of exclusion promoted by an economic system that generates inequalities and social invisibilities.

In this way, their life trajectories demonstrate the violence and suffering that corrode daily life in a socially defined context. In other words, the inequalities produced by the social structure and implied in the repetition of violence are subtly presented in the daily uses of bodies, in medicalized words and behaviors, translating the social suffering experienced (Biehl, 2008; Victora, 2011; Das, 1995, 1999). However, this experienced marginality is concealed by the discourse of treatment and care with philosophical and moral propositions that culturally reinforce seclusion (ROSA & MALFITANO, 2019, p. 513).

Thus, the medicalization of life is intrinsically related to the health policy promoted by each State, in an attempt by the latter to disseminate social ills. Totalizing and coercive schemes are established that place the disease in the place of marginality and promote the hospitalization of individuals, extracting the subjective dimension of their psychic suffering (ROSA & MALFITANO, 2019). From this perspective, social and structural problems – such as racism, hunger, misery, transphobia, homophobia and gender inequality – which are in their essence promoters of illness, lose their socio-historical dimension when the establishment of biological justifications for the anguish felt through these intersectionalities prevails.

Another contributing factor to the phenomenon addressed is the medical power,



which starts to establish a vertical and hierarchical relationship with its patients, assuming a posture of holder of all knowledge and practices. According to Molck, Barbosa, and Domingos (2021), medical practice becomes increasingly technical, with quick consultations and diagnoses, making it impossible to carry out qualified listening and sensitive and adequate reception of demands. This promotes a naturalization of the prescription and exacerbated consumption of these drugs.

Allied to medical power, the concept of iatrogenesis comes into evidence, with the provocation of a disease through the action of medicine. It compromises the autonomy of individuals, since they become submissive and dependent on medical knowledge to direct their health care. The iatrogenic effects can manifest themselves in different ways, such as from clinical therapy – which can lead to misdiagnosis and indiscriminate prescription; from the mismatch between the individual and the social environment in which he is inserted, through the undesirable and negative effect of Medicine, also, from culture, with the minimization of cultural power to autonomously face situations of illness – which is extremely influenced by exacerbated consumption and promotes medication as a form of anesthesia of suffering (TABET, 2017).

Contemporary devices – culture, the media, and therapeutic agents – are major promoters of the sovereignty of medication as the main form of treatment in mental health, as well as the commodification of health (TABET, 2017). They provide an incessant search for the consumption of scientific practices and innovations, in order to achieve an unattainable ideal of a perfect and healthy body, with a full sense of well-being. The media starts to have a lot of influence, as it disseminates the most varied means of body care, in cooperation with the pharmaceutical industry and the logic of the market. Soon, health starts to be sold as a means of consumption, and every day new "miracle products" emerge that promise cures for non-existent diseases or issues that were not previously problematized.

It is in view of this conception that it is possible to observe the phenomenon of the mediatization of life exerting extreme influence on contemporary society, since social insertion is produced through consumption and accumulation, making the media an important process of subjectivation. It ascends as a control device that imposes the sovereignty of technical-scientific knowledge and biopolitics on the modes of production of mental health (CARON; IANNI; LEFEVRE, 2018).

In a society in which individualization emerges as the main characteristic, consumption leads to dependence on the market in all scenarios of the individual, who ends up being himself consumer and commodity. The mass dissemination of scientific information leads to a false need to consume habits and products that increasingly incorporate

technology – as an intervening factor on bodies – in the daily lives of individuals, with the media being one of those responsible for manufacturing the medicalization process (CARON; IANNI; LEFEVRE, 2018). Thus, biopower takes the reins of each scenario of life, influencing the formulation of public policies and the management of health and education, in an alliance with the neoliberal model to promote the medicalization of social aspects and exempt the State from its responsibilities, as well as to maximize the productive system.

Thus, this research is a systematic review of the literature, which aims to analyze articles that deal with the influence of biopower and the biomedical paradigm on the forms of care promotion, especially with regard to public health. Discussions were held about the process of medicalization of life in primary care, the influences of this phenomenon on education and the growing pathologization of childhood and adolescence, and about the influences of capitalism to corroborate this logic.

2 MATERIALS AND METHODS

In this investigation, a qualitative bibliographic study was carried out, using the integrative literature review as a reference for the selection and analysis of contents. These, in turn, sought to understand and address the influences of the biomedical paradigm on current forms of care, as well as its effectiveness in dealing with the subjective issues of psychic suffering in the context of mental health care.

The analysis materials were selected from *the SciELO* electronic platform (<https://www.scielo.br>). The search for the articles consisted of searching for the terms "psychotropics", "medicalization", "biomedical paradigm", "mental health" and "medicalization of life", limited to the period of publication between the years 2017 and 2023.

According to the established search criteria, no articles were found in the SciELO database with the search terms "psychotropics", "medicalization", "biomedical paradigm" and "mental health". However, the analysis using the term "medicalization of life" made it possible to locate 28 articles, among which 16 met the established parameters.

After selecting the research material, an analysis of the publications and a discussion of the results obtained were carried out, based on the theoretical framework of the Biomedical Paradigm, in line with the requirements of the integrative review method. The data were interpreted and synthesized in a comparison model with the determined theoretical framework. Then, to facilitate understanding, the main findings were grouped into three distinct axes: "The pathologization of childhood and adolescence and its repercussion on learning"; "The effects of medicalization on health care in Primary Care" and "Medicalization of life under the light of capitalism", respectively.

3 RESULTS AND DISCUSSION

The table presented below was structured with the purpose of addressing and synthesizing the main ideas of the selected articles, in order to facilitate their understanding.

Table 1

General synthesis of the articles used that address the medicalization of life and its effects

| TITLE/NAME OF FIRST AUTHOR | TYPE OF STUDY/YEAR OF PUBLICATION | GOALS | KEY FINDINGS |
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| <p>The practice of health care in psychosocial establishments: effects of the capitalist mode of production.</p> <p>Ana Flávia Dias Tanaka Shimouguiri</p> | <p>Theoretical study (2017)</p> | <p>To reflect on the function of institutional establishments of psychosocial care according to the production of health and subjectivity, in the face of the capitalist mode of production.</p> | <ul style="list-style-type: none"> - Institutional health establishments operate as ideological apparatuses of the State, in an attempt to solve psychic problems in order to adapt subjects to capitalism. - It is noteworthy that, despite the advances, the medicalizing hospital-centered model is still dominant, with the intense request for hospitalization and medicalization of psychic suffering. It is necessary to carry out a critical analysis of the modes of health production in psychosocial establishments, in order to produce a paradigmatic transition from care to a subjective dimension. |
| <p>Health as a science and the biological body as an artifact: the case of Jornal Nacional</p> <p>Eduardo Caron</p> | <p>Qualitative research that involved the analysis of media content (2018)</p> | <p>To analyze the media space in order to discuss the notions of health that permeate contemporary society and to problematize the way in which scientific discoveries related to health are constructed.</p> | <ul style="list-style-type: none"> - Scientific research can be seen as a means of developing instruments of biological and pharmacological intervention in order to control bodies and diseases. - There is the promotion, by the media, of an ultra-fragmented body, through which the manufacture of false needs for medicines to be considered a "healthy" body emerges. - Biotechnological productions reflect on the social production of the health-disease process, highlighting the biopower and hegemony of the medical-centered device. |
| <p>Pedagogical devices of education in Collective Health.</p> <p>Elisandro</p> | <p>Theoretical essay (2018)</p> | <p>To reflect on contemporary ways of life and the influence of the process of medicalization of</p> | <ul style="list-style-type: none"> - It points to the need for devices that boost the will to power, in view of the great disempowering effect of the medicalization of life. - Highlight the importance of the |



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| Rodrigues | | life in society, through a pedagogical bias that brings Health Education closer together. | "workshops" as a project of critical reflection on the effects of medicalization and the need for more humanized care. They also think of a "Clinic of Life", which tries to break with medicalizing practices. |
| Early childhood health promotion strategies: weaving local networks. Camila Sighinolfi de Moura | Exploratory qualitative research (2022) | To observe whether the precepts of the National Policy for Comprehensive Child Health Care (PNAISC) were considered in the management guidelines and incorporated into territorial practices, in order to strengthen mental health actions. | <ul style="list-style-type: none">- The study made evident a vision of an early childhood delimited by the increase and outbreak of psychiatric disorders, with a difficulty for the health network to deal with these issues and assist parents in the development of comprehensive parenting about these problems.- Intersectoriality was found to be the main means of promoting comprehensive care, and through activities such as playful actions, intergenerational groups and construction projects, it was possible to establish humanized and less medicalizing care strategies. |
| Childhood and pathologization: contours on the issue of non-learning. Mariana de Barros Barbosa. | Thematic content analysis (2020) | To analyze the process of pathologization and medicalization of childhood, in the face of a logic of biopolitics, biopower and practices of control over life. | <ul style="list-style-type: none">- Medicalization was conceived as the main form of treatment of pathologies, in an increasing trend of individualization of subjects, considering disorders from a purely biological logic, disregarding historical, social and political contexts.- Understood the issue of learning as intrinsically related to the capitalist mode of production, and medicalization as a means of "adapting" children's behaviors to the system. |
| Intersectoriality and mental health care: experiences of the CAPSij in the Southeast Region of Brazil. Bruna Lidia Tãno. | Exploratory and survey research (2019) | To identify the way in which the intersectoral work of the CAPSij has been produced in the Southeast region of Brazil, understanding the way in which the network contact and the intersectoral articulations are carried out. | <ul style="list-style-type: none">- Primary Care, Social Assistance and Education are the main services involved in the care of the child and adolescent population. Co-responsibility was established as the main strategy for expanded production in health.- The biggest challenge encountered was the discourses of medicalization and pathologization of life in institutions, which hinders a more effective articulation. The importance of intersectoriality as a central axis in health actions was discussed. |
| Ivan Illich: from expropriation to the demedicalization of health. Livia Penna Tabet. | Thematic content analysis (2017) | To analyze aspects of Ivan Illich's work "The expropriation of health: nemesis of medicine" | <ul style="list-style-type: none">- The individual is a biopsychosocial being and must be understood as a complex being, and not just an instrument manipulated by the various forms of power. The search for autonomy and reflection should be |



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| | | (1975) and to articulate its concepts with the social critique of health. | encouraged, so that a decoloniality of power and knowledge can be achieved, promoted through the medicalization of life. |
| Medicalization of life in practices linked to the family health strategy. Agnes Fonseca Ribeiro Filardi. | Exploratory analysis inspired by Foucault's archaeological method (2021) | To analyze the discourses on the use of psychotropic medications and non-pharmacological approaches as a means of care. | - The results showed the different effects of psychotropic drugs and a still limited use of non-pharmacological approaches. Only the medical prescription disregards social aspects and disempowers individuals, modulating their behaviors in order to prevail the "common good". |
| Social medicalization and orality: the search for overcoming technique. Francieli Regina Bortoli. | Literature analysis (2019) | To investigate the field of Dentistry and its relationship with social medicalization and how this applies to professional practices. | - The effects of the medicalization of life in the face of dental practices were understood, in order to discuss a broader approach to health problems, in a constant construction of a less medicalizing care. |
| Medicalization, demedicalization, public policies and democracy under capitalism. Paulo Frazão. | Theoretical essay (2018) | To reflect on the various meanings of the term medicalization and the impacts of public policies on the demedicalization process, as well as the role and importance of democracy in this process. | - The advance of the capitalist system over other spheres, such as the State and society, was highlighted, emerging from the increase in the medicalization of life as a way to adapt subjects to this mode of production. - Demedicalizing practices depend on two interrelated factors: the guiding model of responses to health needs and the strength of democracy as a means of affirming the participation of users in the construction of health policies, as well as a device responsible for mitigating the effects of capitalism on social relations. |
| In the middle of the way there was a stone: the history of violence and social suffering of young adults with trajectories of hospitalization in a psychiatric hospital. Soraya Diniz Rosa. | Ethnographic research based on the materialist-historical methodology of "participant objectification" (2019) | To analyze mental health policies and their effects on subjects, in the light of social suffering. | - It was conceived that the health policy of the analyzed municipality was promoted through coercive, totalizing and controlling logics, in an extreme promotion of the institutionalization and medicalization of life, as a response to the social problems experienced by the subjects. |
| Human beings are like this, they suffer, but some days are worse: the patients' perception of the beginning of the | Qualitative research that involved the analysis method proposed by | To understand the way in which the use of psychotropic drugs begins, in order to solve the | - It was revealed that the impasses of everyday life generate feelings of stress, anguish, anger, anxiety and sadness, and this leads to an increase in the prescription and use of psychotropic drugs, as a refuge from |



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| use of psychotropic medications. Agnes Fonseca Ribeiro Filardi. | van Manem (2021) | problems brought about by daily life. | these sensations. - The difficult experiences experienced emerged as the main reason to start drug treatment, in a way to "preserve" mental health. |
| Pharmacological cognitive enhancement: contemporary motivations. Solange Franci Raimundo Yaegashi. | Descriptive theoretical article (2020) | To analyze the main reasons for pharmacological cognitive improvement in contemporary times, in an analysis of the medicalization of education. | - The lifestyle promoted by contemporary society implies a growing search for pharmacological cognitive improvement, in a context in which dealing with reality is increasingly difficult, and the psychiatrization of normality emerges as a phenomenon. - It was found that the indiscriminate use of drugs to increase performance in studies has become a common practice in academia, becoming a public health problem. |
| Psychotropic Drugs and Primary Health Care: the subordination of care to medicalization in the context of Family Health. Bárbara Vukomanovic Molck. | Qualitative study based on the autobiographi- cal method and the subject's narrative (2021) | To understand the phenomenon of medicalization and long-term use of psychotropic drugs, as well as the perception of Primary Care users about the prescription of medications. | - It was possible to observe the incorporation of medicationization in the lives of the subjects and in their conceptions of psychic suffering, in the face of a biomedical model based on social medicalization and subordinated to Primary Health Care. |
| A critique of the facets of medicalization through risk management. Flávia Cristina Silveira Lemos. | Theoretical analysis (2021) | To analyze and problematize the phenomenon of medicalization through risk management, in the areas of education, work and family. | - Some practices of the World Health Organization corroborate the medicalization of education and society through risk management, imposing the use of medicines as a way to control life. - The logic of a healthy subjectivity and a way of life based on well-being as a behavioral aspect expands medicalization, which starts to play the role of the main promoter of health. |
| A youth on the edge of the skin: the dilemma of adolescence or getting sick. Edson Saggese. | Theoretical analysis (2021) | To analyze the effects of the medicalization of life on the process of constituting adolescence. | - The medicalization of various aspects of life has produced a reductionist approach to psychological suffering and some phenomena, such as the increase in suicide rates among young people. This expanded the process of falling ill in adolescence, intensified with the Covid-19 pandemic. The article highlights the need to attribute to young people an active role in the face of their suffering. |

Source: authors.



3.1 THE PATHOLOGIZATION OF CHILDHOOD AND ADOLESCENCE AND ITS REPERCUSSION ON LEARNING

With the process of medicalization of life and the pathologization of each daily aspect, there is an increase in the attribution of medical or psychological disorders to childhood and adolescence, labeling behaviors based on the establishment of diagnoses and treatments, which are often presented early. As previously discussed, medicalization makes the influence of socio-cultural aspects invisible, and pressures children and adolescents to acquire rigid standards of behavior. Taño and Matsukura (2019) state that this is a controversial and constant debate, which can be problematized, in view of the intensification of pathological discourse in educational practices.

This problem reveals deeper issues, since the pathologization of life is related to social and political phenomena, thus requiring a critical analysis of the support network provided to these subjects, as well as of the educational system and institutions responsible for guaranteeing the rights of children and adolescents. The influences of the biomedical paradigm contribute to this process and also promote a criminalization of their conducts and ways of expressing themselves. This has been the target of transformation of the psychosocial paradigm, in order to change the relationship with madness and mental disorder that lead to the objectification of individuals who use the health system (TAÑO & MATSUKURA, 2019).

We are living in a time of explosions of diagnoses in childhood and adolescence, in which Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), Oppositional Defiant Disorder (ODD) and other learning deficits predominate. And, as a result, a hundred tranquilizers, psychotropic drugs and psychostimulants are formulated by the pharmaceutical industry, whose exacerbated consumption reaches all social classes under the light of scientific justifications (DA PSICANÁLISE E POLÍTICA, 2021).

When the adult market seemed saturated, drug manufacturers expanded their customer demographics by targeting products to children—not coincidentally, all recent epidemics of psychiatric disorders have occurred among young people. And children are particularly select customers – win them over early and you can have them forever (FRANCES, 2016, p. 124).

Psychiatric classification has reached such strength that it is currently capable of forming identities around the diagnosis received. And this is amplified with the influence of the media and social networks, which increasingly address psychopathology in a shallow and inappropriate way, responsible for promoting a "self-diagnosis". This self-identification generates as a consequence the search for medicalization, disregarding other more



humanized perspectives to deal with these issues, as well as situations of social vulnerability or other intersecting violence.

There was also an increase in the demand for stimulant medications, which have the function of assisting the performance and discipline of children and adolescents in the face of a rigid and flawed pedagogical system, which imposes intense demanding workloads with a high level of focus and concentration. Thus, the phenomenon of pharmacological cognitive enhancement emerges in contemporary society, characterized as the use of psychostimulants by healthy individuals, but aimed at improving their cognitive functions to improve their performance, in a kind of "intellectual doping" (YAEGASHI, 2020).

This arises as a consequence of the performance society, in which the desire for high performance and the excess of false positivity are producers of an anxious generation with high rates of depression. In this way, a vicious cycle is strengthened in which the obsession with efficiency generates a low tolerance for lack of focus and concentration and lack of productivity, with the drug route being the main way out. The influence of capitalist logic on this movement must be affirmed, as the increase in medicalization generates profits for the pharmaceutical industry and, at the same time, generates individuals who are more alienated and incapable of questioning the productive system (YAEGASHI, 2020).

In addition to the medical appropriation of non-learning, there was also the seizure of the biomedical paradigm of adolescent issues, with the attribution of pathologies to the psychic suffering generated by this intense phase of life. All of this contributes to the loss of subjectivation processes and reduces the complexity of development, by considering unhealthy behaviors expected of adolescence, such as rebellion, social isolation and mood fluctuations, generating intense stigmatization, which can affect the construction of self-image.

3.2 THE EFFECTS OF MEDICALIZATION ON HEALTH CARE IN PRIMARY CARE

In Brazil, with the regulation of the SUS as a universal public policy, aiming at the integrality of actions and the basic provision of human rights, the Health Care Network (RAS) was structured as a network organization responsible for providing continuous services to a given population (BRASIL, 2022). Ordinance No. 4,279, of December 30, 2010, establishes that the RAS aims to promote the systemic integration of health actions and services with the provision of continuous, comprehensive, quality, responsible and humanized care. It seeks to ensure the integrality of care for SUS users, in order to promote the effectiveness of resources and ensure that they are provided in a humanized way, based on equity. This mechanism has its own characteristics, such as guaranteeing one of the central objectives of



the SUS: that of promoting vertical integration, based on an articulation of services (BRASIL, 2022).

PHC, on the other hand, according to the National Primary Care Policy in Ordinance No. 2,436 of September 21, 2017, plays a role in coordinating and organizing the network, offering continuous and comprehensive support to users in a specific territory, with a focus on adequate, timely, efficient, and good quality care. This ordinance states that the terms Primary Care (PHC) and PHC are equivalent, that is, they have the same objectives and guidelines (BRASIL, 2022). In this sense, PHC is the starting point where people access health services and offers a wide range of services, from health promotion to prevention, diagnosis, treatment, and rehabilitation. In addition, it works as a vital link in the referral and counter-referral of patients between different levels of care, effectively and continuously connecting individuals with specialized services (BAIER et al., 2023).

Therefore, PHC emerged as a possibility to provide more humanized care practices that are able to consider socio-historical contexts beyond the psychic condition of the subjects and the territorial condition of each individual, as a response to the asylum logic and the hospital-centered biomedical model with its emphasis on cure and the demand-order process (SHIMOUGUIRI, COSTA-ROSA, 2017). Health promotion in Primary Care is based on the psychosocial paradigm - a set of theoretical-technical references and ethical-political values that create devices -, providing care based on qualified listening and welcoming and bonding (MOLCK; BARBOSA; DOMINGOS, 2021).

New ways of producing health are sought, breaking with the principle of "disease-cure" and the asylum model, through the expansion of the traditional clinic and the construction of living spaces. The subjectivity, autonomy and protagonism of the user are the main aspects to be guaranteed in the psychosocial paradigm in contrast to the surveillance, punishment and social hygiene defended by the PPHM (SHIMOUGUIRI & COSTA-ROSA, 2017).

However, the PPHM still produces strong effects on the mode of health production in Primary Care, since the medicalization of everyday aspects and suffering is still extremely applied (MOURA et al., 2023). Thus, intersectoral articulation and comprehensive care are difficult to implement, as there may be a lot of resistance on the part of professionals and a lack of training to provide humanized care, due to academic teaching still prioritizing medical education centered on pharmacology. Thus, quick solutions to health problems and forms of immediate symptom relief prevail, favoring the excessive use of medications and the depersonalization of care.

Health teams and social policies are committed to co-responsible care and the guarantee of rights, opening space for transversal relationships that promote collective



reflections and strategies. Hence the extreme importance of intersectoriality and networking, which must be undertaken by different social actors in a scenario of dialogues and the elaboration of holistic alternatives to demands, encouraging citizenship and social participation (MOURA et al., 2023).

In view of the phenomenon in which health practice becomes problem-solving and is restricted to the user's demand and the stabilization of symptoms, medicalization and the centrality of the medical figure are often not highlighted. The possibility of other therapeutic activities, which are seen only as a complement (MOLCK; BARBOSA; DOMINGOS, 2021). This shows the difficulty of implementing a health system as a response to the asylum logic and the impasses in establishing the achievements of the Brazilian psychiatric reform.

According to Filardi et al. (2021), integrative practices and non-pharmacological approaches have slowly been adopted as health promotion strategies. For example, a proposed solution is deprescription, a tactic adopted by professionals based on the identification of the inappropriate use of a drug and which helps to create mechanisms to carry out demedicalization. However, the consumption of psychotropic drugs continues to be the main intervention, even in the face of psychosocial problems, such as tiredness, stress, grief and insomnia. Indiscriminate and prolonged use can generate dependence and greater resistance to medication, requiring increasingly higher doses. In addition, they can also lead to changes in mood, cognitive issues, and even cases of hallucinations and psychosis. It is necessary to build a space for reflection and dialogue on the problems of primary care that still suffer the influences of the hospital-centered biomedical model.

It is necessary to think about a promotion of care that considers the intersectionalities of race, gender and class, in order to understand that social phenomena also generate illness. Thus, psychological suffering may often not be related to a specifically biological issue, but rather to poverty, misery, unemployment, racism, and so many other forms of violence that produce vulnerability and invisibility. All of this imposes an extremely heavy burden on the subjects, who may find themselves without resources to deal with these factors. Hence the importance of a comprehensive and diversified support network, formed by a wide range of professionals with knowledge beyond the medical-hospital, capable of promoting a sensitive reception of these pains.

The bond built in Primary Care between the professional and the user is constituted through dialogue and frank communication (BORTOLLI; KOVALESKI; MORETTI-PIRES, 2019). To this end, the psychosocial paradigm must be addressed and, with this, differences must be recognized and respected, cultural sensitivity acquired, and the user's autonomy and



active participation in their own treatment must be engaged. This leads to the articulation of non-pharmacological approaches by professionals, which have a wide variety of more humanized care practices and promote the reinsertion of the individual in the social, family and economic environment.

Thus, it is necessary for the multidisciplinary team to acquire a critical stance in relation to medicalization and recognize its consequences in contemporary society, despite the benefits it can promote. It is necessary to think of a critical and expanded clinic in the face of Collective Mental Health, in order to expand the integrality of care and break with the biomedical model, incorporating psychosocial, cultural and environmental aspects, in view of the principles of integrality, universality and equity defended by the SUS. As it is the gateway - the patient's first contact with the health system - Primary Care must promote effective reception and perform sensitive listening about psychic suffering, with care management that considers the singularities and complexities of each subject, looking at the "real person" in their concrete existence.

3.3 MEDICALIZATION OF LIFE IN THE LIGHT OF CAPITALISM

The medicalization of life can be considered as one of the facets of domination that the capitalist economic system exerts on contemporary society. It becomes a part of industrial institutionalization, which is currently responsible for governing the quality of life and well-being. According to Illich (1975B), the power of medicine has generated a counter-productivity, in which there is the imposition of obstacles instead of facilitating some objective. Hospitals, pharmaceutical industries and other institutions can dominate this aspect, becoming one of the most important profitable economic sectors.

Thus, industries, institutions and the State act as underlying forces in the medicalization process. With the accelerated pace imposed by industrialization, social changes became more frenetic, finding people unprepared to deal with abrupt transformations. Medication emerges, then, as a method of refuge in the face of the anguish felt. This is reinforced by the power of institutions – as a set of rules that guides norms – to impose moral needs and orchestrate behaviors according to the capitalist mode of production. Thus, medicine could emerge as a rising institution capable of dominating bodies and exercising control in the social, political, and economic spheres, invading other fields of knowledge (FRAZÃO & MINAKAWA, 2018).

The State, in turn, has the role of disciplining and supervising daily life, with the exercise of control over the behaviors and habits of individuals. This reflects in an economy of surveillance and control that uses biopower and biopolitics as principles of



governmentality and administration of the State, based on the decentralization of power. It is from this conception that social medicine emerged as a normative force that shapes behaviors, being a reflection of the economic and political interests of the dominant classes that enables medicine to be integrated with the State and capitalism as a crucial tool of governmentality. Society perpetuates this perspective by becoming dependent on medical care promoted by institutions of control and by the process of overindustrialization and consumerism. This weakens the political and social responsibility of individuals, controlled by a medical elite that operates privately, with decisions made from a distance from public opinion, with the establishment of the sovereignty and autonomy of medicine in treatments (FRAZÃO & MINAKAWA, 2018).

Furthermore, the neoliberal logic promotes the entrepreneurialization of performance, shaping behaviors in order to reduce deficits and limitations. Psychology, as a science and practice, emerged with the purpose of contributing to this process of docilization of bodies, being appropriated by biopolitics. Thus, the processes of subjectivation were directly influenced by the norm of maximum productivity at all times, generating an intense search for medications, exercises, religious rituals, professional orientations and even behavioral conditioning in order to manage crises and map risk factors, in an attempt to increase performance and reduce disabilities. Thus, each aspect of life becomes commodified, with the possibility of turning suffering and mental disorders into something profitable (LEMOS; BIRTH; GALINDO, 2021).

Thus, the medicalization process is more stimulated by commercial interests than by Psychiatry (FRAZÃO & MINAKAWA, 2018). All of this is reaffirmed by a health policy that prioritizes medical care above other methods, involving people in each phase of their lives in a vertical relationship marked by medical domination and patient submission, with the progressive loss of autonomy. This counterproductivity generates a paradox, as medical practice, while collaborating to reduce feelings of fear, anguish and anxiety, makes individuals increasingly concerned with the risks to life, with the obsessive search for a perfect state of health, often unattainable (TABET, 2017).

According to Shimogui and Costa-Rosa (2017), the PPHM would be aligned with the capitalist mode of production, as its practice would be an indirect realization of surplus value, especially from the pharmaceutical industry, which would cause the alienation of subjectivity in health, through the doctor-patient relationship as a reproduction of class relations. Thus, the mode of health production points to the forms of existence and social relationship, highlighting the influences of social issues on the experience of psychic suffering.



The capitalist mode of production can be in tune with the health mode of production, and thus generate a practice based on demand and supply. Care is now understood as a quick and effective resolution of problems, and mechanisms such as medication and hospitalizations become common. The organic, social and psychic symptoms resulting from capitalism and the PPHM are managed by the institutional health establishments, which function as ideological apparatuses of the state, with the attempt to attenuate suffering in order to reinsert, as quickly as possible, the subjects into the logic of work. Thus, crises are brokered, diagnoses are established, pain is made invisible and the historical relationship of domination and subordination are maintained, ensuring the power of a dominant class (SHIMOGUIRI, COSTA-ROSA, 2017).

This, in a way, denounces the failure of public policies to meet the demands of society, reaffirming the process of social exclusion and marginalization of those most vulnerable. These often fail to fit into the mode of production and thus become seen as "useless" because they are unable to produce and consume material goods, being despised by capitalism. Health and social assistance services have in their history of consolidation the implicit purpose of inserting these subjects in the labor market, in the name of a supposed promotion of autonomy. Thus, the production of health acquires the connotation of submitting the subject to the process of objectification and massification of subjectivities, by reducing the power of life to a commodity (SHIMOGUIRI & COSTA-ROSA, 2017).

The social exclusion promoted by the economic system reflects on health services, since the implementation of holistic care is of paramount importance, which considers the interferences of a rigid and sickening mode of production, in addition to biological phenomena. It is necessary to have a group articulation and a comprehensive intervention of the collective scenario, not only at the individual level, considering the social, political and economic determinants in the production of illness (FILARDI; MARIE; OLIVEIRA, 2021).

4 FINAL CONSIDERATIONS

It is necessary to consider the increase in the consumption of medications, especially those used to solve issues related to mental health - psychotropic drugs. The phenomenon of the medicalization of life has become evident in contemporary society, by appropriating everyday aspects and understanding them as pathologies or disorders. More and more everyday feelings, such as tiredness, stress or grief, are approached as only biological issues, disregarding their social and historical dimension. Even the stages of life, such as childhood and adolescence, are pathologized, with an exponential growth in the number of diagnoses prescribed to children and adolescents, influencing the construction of their



identities and making them dependent on pharmacological treatment from an early age.

This is influenced by the Medicalizing Hospital-Centered Psychiatric Paradigm, which conceives health care based on the logic of biopolitics, with the conception of health as the absence and complete denial of the disease (CARON; IANNI; LEFEVRE, 2018). And this biopower puts in check the power of life and the process of producing subjectivity. Thus, health services have acted for a long time as a device for controlling and taming bodies, using medication as the main tool for adapting bodies to the productive system. Despite the changes caused by the Brazilian psychiatric reform and the imposition of the Psychosocial Paradigm, it is still possible to find some tentacles of the medical-centered model in health devices, especially in Primary Care.

Some devices, such as the pharmaceutical industry, the State, institutions, and social media, are largely responsible for perpetuating and promoting the medicalization of life. They generate the need for an incessant search for the state of complete well-being, which is often unattainable. They also encourage the inappropriate use of psychotropic medications in unnecessary situations, just to increase performance and cognitive improvement, in order to fit into the accelerated logic of the performance society, in which disabilities are seen as synonymous with inferiority.

All of these are developments of the capitalist mode of production, which uses biopolitics as a form of control in order to direct psychic energy to the production and acquisition of goods. It establishes criteria of normality, and everything that deviates from the norm is subject to pathologization and submitted to pharmacological treatment, in order to increase its efficiency in production. Furthermore, the capitalist model promotes a production of care based on the verticalization of the doctor-patient relationship, in which the former is seen as the holder of all knowledge and his practices are unquestionable.

When considering all these aspects, it is necessary to rethink the health care offered. It is necessary to think about a practice beyond the prescription and the biological sphere, with the acquisition of more humanized therapeutic approaches that consider social, political and economic aspects as factors of illness. There is an urgent need for an expanded and intersectoral practice, providing a transversal and interdisciplinary support network, in order to guarantee the integrity of care and the development of the protagonism and autonomy of the service users, in order to overcome the remnants of the asylum and asylum logic.

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