

Theoretical Study

Psiquiatria, segregação e punições: análises a partir de Michel Foucault

Psychiatry, segregation and punishments: analyzes from Michel Foucault

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ABSTRACT | OBJECTIVES: This article aims, through a theoretical essay, to think about relations between Psychiatry, spaces of segregation in Foucault's studies, from courses, conferences, interviews, classes, books, and through some commentators by Michel Foucault, in Brazil. **METHODS:** Analyzing the control spaces of bodies in hospitals and prisons as part of the objectives of this text, considering a conceptual analysis as a methodology. Punitive and psychiatric practices are intertwined in this analysis under the axis of power and knowledge relations linked to space. **PROVISIONAL CONCLUSIONS:** To problematize this field of the political history of truth, at present, is a point of concern and activation of the operative writing of this article with theoretical-conceptual analyzes with the interface of Psychiatry with the spaces of segregation, hospitalization, and imprisonment.

KEYWORDS: Psychiatry. Hospitalization. Punishment. Control. Space.

RESUMO | OBJETIVOS: Este artigo visa, por meio de um ensaio teórico, pensar relações entre Psiquiatria, espaços de segregação nos estudos de Foucault, a partir de cursos, conferências, entrevistas, aulas, livros e por meio de alguns comentadores de Michel Foucault, no Brasil. **MÉTODOS:** Analisar os espaços de controle dos corpos em hospitais e prisões fez parte dos objetivos deste texto, considerando uma análise conceitual como metodologia. As práticas punitivas e psiquiátricas são entrecruzadas nesta analítica sob o eixo das relações de poder e saber ligadas ao espaço. **CONCLUSÕES PROVISÓRIAS:** Problematizar este campo de uma história política da verdade, no presente, é um ponto de preocupação e ativação da escrita operatória deste artigo com análises teórico-conceituais com a interface da Psiquiatria com os espaços de segregação, internação e aprisionamento.

PALAVRAS-CHAVE: Psiquiatria. Internação. Punição. Controle. Espaço.

Introduction

The present article, in an essay format, addresses some discussions about Foucault's work on psychiatric power concerning practices in the hospital and prisons. We still trace a brief history of Psychiatry to Foucault. The sources were books published by the author, courses, interviews, and conferences given by Michel Foucault in the seventies of the twentieth century.

It is a text that proposes to analyze the concept of space in Foucault in articulation with the institutional places where the practices of knowledge and power took place. The powers and knowledge in the internment and prison spaces happened through disciplinary, psychiatric, and segregation practices. Medical knowledge materialized in the construction of madness as a mental illness and the prescription of treatments, especially in nursing homes.

Strategies of psychiatric disciplinary power and nursing homes

In the course *The Psychiatric Power* (2012), taught at the Collège de France between 1973-1974, Foucault highlights the issue of a whole disciplinary apparatus that was related to the establishment of medical knowledge, and that the first treatises on psychiatric practices demonstrate that in nursing home spaces the treatment prescriptions of the insane pointed more about disciplinary strategies than about a field of knowledge constituted by the madness that should be followed. The philosopher highlights the prescriptive text on the treatment of mental illnesses by one of the precursors of psychiatry, Jean-Étienne Esquirol (1772-1840), in which he attributed the question of the doctor's size before the psychiatric space and inmates, one of the main means by which madness could be faced, that is, the doctor should behave in a way that imposes respect, trust, asymmetry, in the relationship with the patient, since in this period madness was understood as an excess of instincts and passions to be able to configure your mental illness.

François-Emmanuel Fodéré (1764-1835), another French psychiatrist, indicated that in the asylum space not only the physical presence with its disciplinary effects was important for the treatment,

but also of other employees, such as servants, vigilant, because like these they spent more time in contact with the insane, they not only informed everything that happened with the interns to the doctor but also reinforced the figure of the doctor as the one who could help in curing madness, because they lived a lot more with asylum seekers, admitted to psychiatric hospitals.

There was a set of practices within the nursing home to form a field of confrontation between the physician with his grandeur and the madman with his mental illness. The question posed concerning disciplinary procedures, such as surveillance, subjugation, information obtained, employees working as the doctor's eyes and ears, so that madness could be addressed so that the patient was coerced and forced to accept his condition and consequently free himself from his madness.

In the 19th century, a period in which psychiatry is being developed with its prescriptions, techniques, and tactics to face madness, it is also the period in which disciplinary systems are already in a stage of increasing dispersion and expansion over the social body. What could be observed in schools, hospitals, prisons, para-judicial institutions, etc?

Therefore, norms of behavior, control, and knowledge about the virtualities of subjectivity were proposed, prescribing truth speeches linked to disciplinary subjection and a certain appreciation of normality. Foucault, in saying that disciplinary systems classify, hierarchize and oversee, focusing on those who escape surveillance, those who cannot enter the distribution system, that is, on those who will be considered the residue, the irreducible, the unclassifiable, the unassailable, the limit point of disciplinary power. For example, the figure of the mentally weak was one that became a limit point of school disciplinary power, the image of the delinquent was a limit point of police discipline, and among these residual figures, the one who will be considered the most residual of all will be the patient mental. (Foucault, 2012, p.67).

The madman, on the other hand, residue in its maximum degree, becomes the enemy of the family cell and the whole society. As a result, not only the insane person's internment in nursing homes but all psis functions related to normalization become possible. In this way, the notion that the crazy or abnormal person concerning the family, a representation of sovereignty

in the disciplinary society, has to be corrected, normalized by other instances that will implement actions, strategies, and therapies so that it is returned to the family no longer representing danger.

From these issues, it is possible to affirm that hospitalization and corrective devices become necessary, as it is necessary to leave the family, which can negatively influence the treatment. In 1850-1860, appears an idea that the madman behaves as if he were a child, so he should be placed in a space where he functions as a kind of orthopedic family that will allow him to reintegrate into the family of origin.

Therefore, as Foucault (2012) points out, the child will become the main target of psychiatric intervention. It is as if psychiatry says you are never too young to be crazy. It is then observed, through the notion that the madman is so for family reasons, that madness is inscribed in previous stages of the individual's formation. It is necessary to monitor the family, it is necessary to ensure that in the future the child does not develop pathologies. Hospitalization and corrective institutions guarantee the defense of a possibility of abnormality that can be present, even if subtly, in all people. It is even, for Foucault (2012), that is from childhood that psychiatry will spread throughout society. Therefore, there was psychiatry of childhood.

"It was through the non-crazy child that the child was psychiatrized and, from there, that generalization of psychiatric power took place" (Foucault, 2012, p. 257). Amid this process, notions were constructed, for example, idiocy, which is the condition in which intellectual qualities do not develop, being a condition distinct from madness. Thus, the conditions for the emergence of developmental psychology were established (Foucault, 2012). It is observed by the spread of psychiatric practices in society that the concepts of normality and abnormality are being affirmed as rules of conduct and appreciation of the truth in different and varied institutions.

Faced with all these events and developments that involve therapeutic disciplinary techniques, the defense of the family, and the protection of childhood, the psychiatrist will become the one who can tell about reality and, therefore, through his techniques, he could supposedly direct reality to those who go astray. The psychiatrist, when assuming the function of "directing" the asylum space, seeks to direct the

conscience of those who are submitted under his power through a manipulation of reality for coercion. And, for that, mechanisms called supplementary reality were used. It is observed, then, a whole strategic arrangement of spaces and scenarios in asylum practice as a way of penetrating reality in what was called the body of the madman.

This reality game, organized in the asylum space by the psychiatrist for therapeutic purposes, will consist of some elements, among which, in the first place, it was necessary that in this tension of forces between the doctor and the madman, the former had greater power than the latter. The psychiatrist would also be responsible for conducting an anamnesis, biographical research on the life story of the madman so that he could, in a ritual close to that of confession, recognize who he was. The psychiatrist should make the madman recognize his desire for his madness, and this issue was addressed using moral interventions to awaken in the madman the evil that had taken over him. And, finally, questions related to work were raised, since in the home space the process of exchanges and utilities was stimulated within a system whose main function was to reactivate the process of reality regarding the needs that can be met with money and work, for example.

In the course mentioned above, Foucault points out that even in the 18th-century nursing homes were not necessarily medical spaces, as such places were coordinated especially by religion. However, from the 19th century onwards, the presence of the doctor, who at first met the functions of a common doctor who cared for the well-being of the sick, became fundamental in the direction, because in addition to the techniques disciplinary actions that he started to conduct within the asylum space, a question was crucial to guarantee the so-called treatment success: the physical presence of the doctor. The thesis supported by Foucault is that at the beginning of the 19th century, the physician's physical presence became essential in nursing homes (even if there was no knowledge organized around nosographies and organic locations on mental illnesses) because doing functioning disciplinary mechanisms within the asylum space, he himself became an agent of directing reality as the body of the psychiatrist was constituted as the asylum, that is, the asylum had become the body of the psychiatrist.

Furthermore, Foucault in his thesis delineated that the insertion of the doctor in the asylum was not the result of previous therapeutic knowledge for madness, since the therapeutic process consisted of what the philosopher called "marks of knowledge" about the asylum space, which consisted of an interrogation. More than extracting information about the patient, it aimed to make the madman believe that the doctor knew everything that was happening to him, not least because the other employees of the establishment were responsible for building records and dossiers on inmates. Also, the psychiatrist often applied punishments that to the madman as medicine, another mark of knowledge referred to the practice of clinical presentation of the madman before other students. The practice consisted of students watching the madman being interrogated so that they could grasp the effect of the doctor's word power being multiplied by the presence of the listeners. The doctor should show that he knew the truth of the madman in the presence of students. These marks of knowledge from which psychiatry had until now operated have nevertheless encountered an obstacle.

Still, in the 19th century, neurology appeared more specifically neuropathology, which through some studies and experiments allowed correlations between organic lesions and a series of disorders whose neurological thirst and whose neuropathological etiology could be effectively determined. The appearance of this new field of knowledge posed the problem of seriousness, the authenticity of mental illness; what was beginning to give rise to the suspicion that, after all, a mental illness that had no anatomical correlation should really be considered serious? (Foucault, 2012).

Psychiatry increasingly affirmed its discourse regarding problems that could exist within a spectrum of poor development, which would be capable of generating not only delays, difficulties, but the propensity to become dangerous, according to the relationship between mental illness and crime. Psychiatry would have the role of responding if the individual who committed a crime showed signs of mental illness. This approach to the discourse of criminology expanded the appraisals of normality to the field of penalties and served as a guarantee for articulating the field of abnormalities and madness.

An important point to note is the insertion in psychiatry of a notion of classical medicine, that of "crisis". It refers to the moment when the disease was understood through an attentive medical look that observed the development, its natural course and looked for a critical point of irruption, from which the doctor who accompanies the patient, watched, observed, placed a therapy in action that was based on the struggle, on facing forces, which materialized in the body of the patient.

However, in medicine, in general, in Europe in the 18th century, hospitals and medical equipment began to be built, which allowed the general surveillance of populations, making it possible to articulate the principle of social inquiry to all individuals to control, isolate, and study the disease. The disease was understood by another look, an analytical look that allowed the study of the disease, in its truth, such as its forms of contagion through the projection of a disease on the dead body and studies on pathological anatomy that reverberated in the fading the notion of crisis in this field of knowledge.

In psychiatry, the situation was different from general medicine. While in this, the notion of the crisis was overcome, due to a whole medical-hospital apparatus and scanning techniques that enabled the knowledge, control, and prevention of contagions, in the psychiatric field, the notion of "crisis" persisted and moreover it had a strategic character outline. For the psychiatrist, at the first moment when psychiatric knowledge established his domain, he did not have to proceed to a nosological classification of diseases through the investigation (as in general medicine). Its main function was to establish not a differential diagnosis, but an absolute diagnosis. It was a question, then, of whether the individual was crazy or not, whether or not the individual was within the realm of reality (Foucault, 2012). It is precisely in this position of arbitration of the reality that the notion of crisis will be updated in psychiatry differently from that found in general medicine.

The latter's notion of the crisis was related to the proof of truth, which consisted of the clash of forces between the patient's body and the disease itself. In psychiatry, the impact of the test will mean a reality test. Foucault names psychiatric evidence as administrative-medical duplication since it is up

to the psychiatrist to answer a demand that can be transcribed in terms of symptoms and terms of disease. "It is about making the reasons given for a possible hospitalization or possible psychiatric intervention as a disease or possibly as a non-disease". This puts the psychiatrist in a position for which he is responsible both for managing the demand that reaches him and at the same time he is the figure responsible for applying the disciplinary procedures that permeate his practice.

Interrogation, Drugs and Hypnosis

For Foucault, there was a concern to analyze psychiatric practices that were supported by examination techniques such as assessment to find evidence of the reality of the disease in a psychodiagnosis. For that, they built the mechanisms of anamnesis as interrogation, of uses as prescriptions for drugs called psychotropic drugs, and of the methodology of hypnosis as a service device. About interrogation, they investigated individual's background. He wondered what diseases his ancestors or collateral could have. Foucault said he believed that this research on family members' diseases came to supply the absence of a body or the distance from the body in psychiatry since it was not based on an anatomopathological perspective, that is, the disease that psychiatrists treated did not have organic locations that they could detect.

Besides, the warning signs of the disease, which can be identified in the individual's family horizon, allow locating madness within the scope of the anomaly, that is, a condition in which it is necessary to intervene since the anomalous means a danger sign for society. Psychiatrists also guaranteed that when the individual recognized his madness, in a kind of central confession, the madman could free himself from his madness, not without first mentioning that the doctor is surrounded by students, who are a body of students, who are a kind of institutional corporeality.

In relation to drugs in psychiatry, Foucault (2012) points out that since the 18th-century, they have been commonly used in the psychiatric context for their disciplinary properties, such as laudanum and opiates. The philosopher also says that at the end of the same century something new occurs, the medico-legal use of drugs by psychiatrists. He also points out that in the first eighty years of the 19th-century

there was an enormous practice of the drug inside psychiatric hospitals, mainly the use of opium, amyl nitrite, chloroform, and ether. In that course, the book launched by the French psychiatrist Moreau de Tours, *Du haschisch et de l'aliénation mentale*, from 1845, which featured at least interesting content, will be highlighted. Moreau de Tours made use of hashish, and besides making a systematic description of the phases and effects caused by the drug, he believed that these were also present in madness.

Foucault explains that when Moreau de Tours, from experimentation with this drug in himself, he made possible reproduction of madness, and that such effects, not only in its content but even in its successive chains, could show the development of madness as a spontaneous and natural disease. What this identification of an essential "fund" of all madness through which all the symptoms of the disease would manifest, and which Moreau de Tours called in 1845 "primitive intellectual modification", and later in 1869 "primordial modification", was the guarantee that doctors could communicate directly with madness, not through external observation of visible symptoms, but communication with madness through the subjective experience of the doctor.

Then, this absent body in psychiatry will be replaced by the alienist's own experience, which will confer a moral intervention in the therapeutic discipline. If in the past there was a relationship of exclusion among the psychiatrist, in which it was understood that the reasons for the insane could not be apprehended by the psychiatrist, because the psychiatrist was a normal individual, based on Moreau de Tours' experience with hashish, the psychiatrist could reconstruct the whole thread of events and processes that characterize madness through a comprehensive way, which enabled even the psychiatrist (someone normal) to understand the phenomenon by which the phenomenon of madness took place. Based on this premise, he concluded that madness would be a particular state of the nervous system in which the barriers of sleep and wakefulness will be broken or broken in certain places.

As Foucault (2012) points out, saying that the madman is an awake dreamer has been around since Esquirol, but Moreau de Tours adds something new when positioning the dream between wakefulness and madness, because dreams feed on the contents of the wake, but on the other hand involve madness.

This reflection by the French psychiatrist, for Foucault, was even what enabled psychoanalysis to say that what the psychoanalyst could understand the madness of the other because the psychoanalyst could also dream. The third system of evidence used in psychiatry in the 19th century refers to mesmerism and hypnosis. Foucault said that magnetism was practiced by psychiatrists at Salpêtrière, between 1820 and 1825, to further reinforce the power that the doctor attributed to himself because through this technique, it was possible to provide him with an even greater domain over the patient. That happened because when the patient was in the intuitive state, the psychiatrist would ask him questions so that he could provoke in him a kind of prolongation of the classic crisis, reliving the trauma he had passed, in short, a way to test the disease in his truth.

After the release of James Braid's *Neurhypnology*, or the *Rationale of Nervous Sleep*, in 1843, and after the physician Paul Broca (1824-1880) introduced the practices of hypnosis in France between 1858-1859, the technique of hypnosis replaces mesmerism. It had happened because hypnosis did not need the old material support of magnetism, which guaranteed the doctor all the effects that were provoked in the patient solely by the doctor's will. Furthermore, in braidism, hypnosis is the element within which medical knowledge can manifest itself, as it completely neutralized the patient's will and left the field open to the doctor's pure will (Foucault, 2012). The use of hypnosis also appears in the publications of a physiologist named Durand de Gros (1826-1900), who published studies between 1860-1864 under the pseudonym of Philips, which showed how important hypnosis was due to its disciplinary character. He said that when the patient was in the hypnotic effect, which he called the "hypotoxic state", the doctor could dispose of the patient as he pleased.

He had the behavior first, since the doctor, through an order, could make the patient behave this way or that, what Durand de Gros called "orthopedics". With bravery, he envisioned the expansion of this technique in homes of education and penitentiary spaces. It is important to mention that Philips emphasized the possibility of, not only with hypnosis canceling the symptoms of the disease that presented itself, but also that the hypnotist could exercise control over the patient's body, being able to determine the contracture or paralysis of a patient muscle, excite or cancel the sensitivity on the body surface, weaken or

revive the intellectual or moral faculties, even modify automatic functions such as circulation and breathing. To better illustrate and synthesize the techniques of hypnosis that configure one of the proofs of reality in psychiatric knowledge-power.

The philosopher, then, concludes that through the developments noted in the psychiatric field, interrogation allows the doctor to communicate internally with the mechanisms of madness through a game of questions and answers, which in turn do not act on the detail in the patient's body. This is where the issue of drugs emerges since it emerges from it a supplement of power that enables the psychiatrist to act according to his own subjective assumptions regarding madness. And finally, hypnosis is the technique that allows the psychiatrist to understand the very functioning of the patient's body.

In the second half of the 19th century, the neurological body appeared, discovered by Duchenne de Boulogne (around 1850-1860). A body that is not simply a body with organs and tissues, but a body with functions, performances, behaviors. And that in the failed attempt to associate the neurological system with certain phenomena of madness, Martin Charcot (1825-1893), says Foucault, "will leave to the psychiatric power the three instruments of power that were established in the first part of the 19th century. In other words, after the disappearance of the great neurological hope, we will find only the three elements: interrogation - language -, hypnosis, and drugs; that is, the three elements with which, whether in asylum spaces or extra-asylum spaces, psychiatric power still works today" (Foucault, 2012, p.373).

Medicalization-Punishment Space

In the book *Vigiar e Punir* (2014), Foucault describes the spatial policing that took place in a plague-infested city in the 17th century. To avoid spreading the disease, the inhabitants are locked in their homes by the liquidators themselves. Their food is controlled and administered by government representatives. People are therefore prohibited from moving around the city, and if they disobey, they run the risk of being infected by the plague or being punished with the death penalty. Vigilantes are assigned to inspect streets, blocks, neighborhoods. The supervisors visit the houses daily, for which they are responsible

to check the residents' situation, they hide sick or dead. Such surveillance is based on records, reports organized by the liquidators with names of the residents, age, sex, which are then handed over to the mayors and from them to the mayor.

The reports produced are delivered to doctors responsible for managing the irregularities for control purposes. Medical procedures will only be adopted based on what is verified and reported. "The record of the pathological must be constant and centralized. The relationship of each one with his illness and death passes through the instances of power, the record that is made of them, the decisions they make". (Foucault, 2014, p.191). Unlike a distribution of bodies raised by leprosy that consisted of models of exclusion, with its massive and binary division between each other, the plague raised disciplinary models because it resorted to multiple separations, to individualizing distributions, to an in-depth organization of surveillance and controls and intensification and branching of power.

They are, therefore, two distinct models that involve two ways of exercising power over men, of controlling their relations, of dismantling their dangerous mixtures. The whole hierarchy, vigilance, the look, the documentation of a plague-infested city seems to be the utopia of a perfectly governed city, as it functions through an extensive power that acts differently on all individual bodies. Foucault (2014) also maintains that although the models are different, they are not, however, incompatible, since in the 19th century (a period in which disciplinary power spread throughout society), the exclusion process applied to lepers is also being applied to some undesirable social categories, such as beggars, vagrants, crazy people. There is what the philosopher called treating the "lepers" as "pestilent" because the process of exclusion that will apply to them is due to processes of individualization, which are made possible by the methods of analytical sharing of power: the individualization of the excluded.

The process of exclusion through individualization, made possible by a disciplinary power that monitors, separates, builds reports, will be applied in certain places, spaces, such as psychiatric asylum, penitentiary, correctional facilities, the establishment of supervised education. In the case of hospitals,

Foucault says that in general all instances of individual control work in a double way: that of binary division and marking (crazy-not crazy; dangerous-harmless; normal-abnormal), and of a determination coercive, differential repetition (who is he; where must be; how to characterize it, how to recognize it, how to exercise constant vigilance over it, individually, etc.) (Foucault, 2014, p.193).

What happens then is a kind of "pestilentialization" of the leper since there is an imposition on those excluded from tactics of the individualizing disciplines. The universalization of disciplinary controls makes it possible to identify who is a "leper" and make the dualist mechanisms of exclusion work against him. Techniques and institutions that take on the task of correcting and controlling abnormals emerge, making the disciplinary devices that were observed in the management of the plagued city work.

This process of individualization in exclusion, of squaring space through a medicalizing bias can also be found in Foucault's Health Policy in the 18th-century (1979f) when the philosopher addresses the strategic relationship between private medicine and socialized medicine. He calls it *noso-politics*, that is, the emergence of speeches, actions, policies for the management of bodies, populations, circulations, spaces with ways of guaranteeing and promoting health, preventing and fighting diseases and contagions. In this text, Foucault says that *noso-politics* appears in the 18th century as a "problem of multiple origins and directions: the health of all as an emergency for all; the health status of a population as a general objective". He demarcates the separation between assistance actions aimed at the poor that took place until the 17th century, such as the diseases that accompanied these groups, for a concern with the labor from the impoverished sections of the population, who were beginning to configure a problem from the point of view of the productive apparatus and demographic expansion.

It is the question of leisure-usefulness and related to this, the emergence of health and physical well-being of the population in general as one of the objectives of political power. Therefore, ways to raise the level of health of the social body together. "The various devices of power must take charge of the "bodies"

not simply to demand blood service from them or to protect them from enemies, not simply to ensure punishment or extort rents, but to help them secure their Cheers. The health imperative: each one's duty and general objective." (Foucault, 1979f, 109). Health guarantee that begins to be engendered by medical-disciplinary actions with productive-utilitarian outlines. The philosopher also points out that the importance that medicine obtains in the 18th century originates from the point of origin at the intersection of a new "analytical" economy of assistance with the emergence of a general health "police". A police officer from the social body enters the scene, with fundamental political-economic objectives in the developing industrial society.

Such health police, who will even have as a main target the family, especially the child, will privilege issues related to hygiene, making medicine function as an instance of social control. And the notion of "regime", which was previously referred to as a rule of life and preventive medicine, is being extrapolated to a collective "regime" of a population considered in general. "This hygiene, as a health regime for the population, implies on the part of medicine, a certain number of authoritarian interventions and control measures." (Foucault, 1979f, p.111). These authoritarian measures started to be required by the need for hygienic intervention in spaces as a privileged focus of diseases: prisons, ships, port facilities, general hospitals where the vagrants, the beggars, the disabled were. "Therefore, regions of emergency medicalization are isolated in the urban system, which must become points of application for the exercise of an intensified medical power." (Foucault, 1979f, p.112).

It is clear, then, that since the eighteenth-century society has been traversed by a series of discourses, actions directed to habits, behaviors, in short, all the characteristics that are related to a notion of health promotion, but that in certain cases, medicalization used for political purposes, it surpasses subjection barriers on certain categories of individuals, especially children and people who are considered social barriers in a political-economic bias: abnormal ones. Rodrigues and Carvalho (2016) discuss the expansion of the medical practice field today, which starts to be associated with other aspects of life that are not only related to diseases, but to what in medicalizing practices is called "medical risk".

The authors also write that, through a care authority, medicine began to exercise its power for normalizing functions, becoming a "knowledge-power strategy with more normalizing than clinical purposes." (Rodrigues & Carvalho, 2016, p.709). The authors point out that concerning the power of normalization, psychiatry has always had a special role when it came to intervening in situations where justice was in paradigmatic situations: "crimes without reason". Therefore, it was a question not only of producing a whole argument and knowledge to explain criminal conduct but also of demanding para-judicial institutions to deal with criminal individuals whose abnormality could not be absorbed by the "ordinary" criminal justice apparatus.

The situation that has become more emblematic of medicalizing-punitive actions today, especially when it also refers to the circulation of people, the occupation of spaces in certain parts of the city, refers to compulsory hospitalizations of people who use drugs. As Rodrigues and Carvalho (2016) argue, hospitalization is a practice that has been updated in the normalization power diagram, which does not work only through disciplinary procedures of isolation, but which has reinvented itself by running a circulation through the city under certain security regimes.

In conclusion, it can be said that this new function that was born within the sovereignty society, the medical police, which started to have a fundamental role in the management of bodies, spaces, and their relationships, found more and more fields of action politics, mainly the field of conduct, the norms, and in an increasing relationship with the judicial field, or with the field of penalties, punitive medicalization has been going beyond the limits and frontiers of a care clinic, to establish itself as a true strategy for the management of social problems, understood not by their historical-political characteristics, but by the demand for urgency that takes them as anomalies, impurities of a healthy coexistence.

School-Hospital-Prison Space

When it comes to this "new" political anatomy that is inscribed on the bodies carried out by the disciplines and established in a major way in the 19th century,

it is clear that they were already working in certain places, even in the Middle Ages. That is why Foucault (2014) refuses to say that disciplinary procedures were suddenly discovered in the Modern Era, because they must be understood as “a multiplicity of processes, often minimal, of different origins, of sparse locations, who remember, repeat, or imitate themselves, lean on each other, distinguish themselves according to their field of application, come into convergence and gradually outline the facade of a general method” (Foucault, 2014, p.136). Chaves (2010), through a genealogical reflection on the disciplinary power in Foucault's work, maintains that the course *The Psychiatric Power*, taught between 1973-1974 (also addressing the issue of school and education), prepared the analyzes that were developed later in the book *Vigiar e Punir* (1975). Furthermore, for him, “it is, therefore, a course with a very high strategic value to understand the transition from Foucault more predominantly “archaeological” to Foucault more predominantly “genealogical”, to resume an already consensual division of periods of his work” (Chaves, 2010, p.194).

Still, in the course *The Psychiatric Power*, Chaves (2010) writes that in such a course given, Foucault says two facts about the disciplinary apparatus, already visible in the 17th century, and which clearly appears in the 18th century. The first is that disciplinary devices do not replace, purely and simply, those of sovereignty, although they are opposed to them. The second is that disciplinary devices do not appear, abruptly, from the 17th century onwards; on the contrary, they “come from afar”, that is, they already constituted a type of practice that worked in the middle of the sovereignty model or even of a “general sovereignty morphology”, forming what Foucault called “disciplinary islands” (Keys, 2010, p.195).

Concerning these “disciplinary islands”, Foucault points out, as a kind of zero points of disciplinary devices, the medieval religious communities. Foucault demarcates in the course referring to the differentiation that the disciplinary apparatus operated amid the sovereign society in the Middle Ages. Beforehand, the fact that disciplinary devices played a critical role, a role of opposition and innovation, stands out. Another issue concerns the fact that such “disciplinary islands” have made possible forms of social opposition against hierarchies, against the system of differentiation of sovereignty devices.

However, Foucault will seek to show how disciplinary devices will lose their critical, oppositional, and innovative character to become, in the Modern Age, the “general formulas of domination”, which he greatly explores in *Discipline and Punish* (Chaves, 2010, p.195). To these first vestiges of the disciplinary apparatus that appear in the Middle Ages, Foucault highlights the issue of “disciplinarization”, “colonization” of youth, which constituted the first step in the process of integrating pedagogical practices with disciplinary mechanisms developed in religious communities such as of the Brothers of Common Life. Within this community, practices were developed, ascetic exercises involved in a progressive evolution of the individual to the point of salvation, which would become a kind of model, a kind of “collective form”, from which the “great schemes of pedagogy” will get organized. (Chaves, 2010, p.196).

Notwithstanding the characteristics of this first outline of a pedagogy that was born in a religious space, Chaves (2010) also highlights the approximation that Foucault had made between the “colonization” of youth in Europe by religious initiatives with the Jesuit missions carried out in Spanish Americas and Portuguese at the beginning of the Modern Era, whose function was the colonization of traditional peoples. To this end, the missionaries organized models of social functioning based on hierarchies, rigid organization of time, a system of constant surveillance, in addition to the establishment of a punishment system different from the sovereign model, if not that which addresses virtualities and behaviors, therefore closest to the (Christian) norm.

The school, with its learning process that requires the closure, the relationship between master and disciple, the continuous asceticism that requires the separation between the interior and exterior space, according to Chaves (2010), historically denoted for Foucault the relationship between pedagogy, disciplinary devices, and ascetic-religious practices. Therefore, the school institution gathers procedures for surveillance, ranking, and rewarding, so “the school becomes, then, a privileged space for the exercise and the constant improvement of the discipline's pedagogical practices” (Chaves, 2010, p. 198).

At a conference called *O Nascimento do Hospital* (1979g), Foucault also talks about the antiquity and dispersion of disciplinary mechanisms that existed

before modernity and arising from the needs of population management from that time on, for example, in the army, and in relation to literacy, military and school institutions are beginning to be organized for control purposes. In this fragment, the philosopher demonstrates the difference between the schooling process that took place in the 17th and 18th centuries, since, from the latter, the school discipline begins a process of individualization through a spatial organization so that the teacher knows the student better, and consequently can evaluate it, examine it, monitor it, rebuke it and reward it, which denotes the normalizing character of this institution.

In the same conference mentioned, Foucault will deal especially with the emergency of the hospital as medical technology and therapeutic instrument, which, as he points out, is a relatively new invention that dates from the end of the 18th century, highlighting a new practice highlighted around 1780: visits and systematic and comparative observation of hospitals. The philosopher highlights the trips to prisons and hospitals that an Englishman named Howard carried out between 1775-1780, and a Frenchman named Tenon, at the request of the Academy of Sciences, at the time when the problem of the reconstruction of the Hôtel-Dieu de Paris was posed. (Foucault, 1979g, p.58). Such trips, as Foucault had called them, survey trips, were intended to establish a program for the renovation and reconstruction of hospitals, since the trips that took place before the 18th century for this purpose were essentially concerned with the architectural standards of hospitals.

From that moment on, the hospital started to be part of a medical-hospital fact that should be studied as the climates, diseases, etc. are studied. And in their research "Howard and Tenon give the number of patients per hospital, the relationship between the number of patients, the number of beds and the useful area of the hospital, the length and height of the rooms, the cubic air that each patient has and the rate of mortality and cure" (Foucault, 1979g, p.58). Tenon was a doctor and Howard was a kind of predecessor of what would be a philanthropist, but he had an almost socio-medical competence. Once again Foucault (1979g) points out that these survey trips were part of another medical rationale that was being formed in this period, which began to see in the hospital space for the insertion of technology for the knowledge of diseases, of therapy, and a cure. The philosopher makes this question explicit in response

to criticism regarding the fact that hospitals existed even before in the Middle Ages, however, he replies that the characteristic character of the hospital of yore was the poor man who was about to die.

In addition, Foucault says that until the beginning of the 18th century, the hospital was also a space of exclusion, of internment, where the sick, the crazy, the prostitutes, the profligate, and others were mixed. He also says that the medical function that was performed in the hospital before its organization as an instrument of knowledge, was individualistic in the sense that the therapy was based on the proof model. The hospital was then medicalized and medicine became hospital thanks to several factors. In the first place, this transformation is due to the need to cancel the negative effects of the hospital, that is, beforehand it was necessary to purify it from the harmful effects and the disorder is caused since such disorder was associated with the concern about diseases that he could cause in hospitalized people and spread in the city where he was located, as well as the economic and social disorder of which he was a perpetual focus. (Foucault, 1979g, p.60).

In the 17th century, Foucault found the first major hospital organization essentially in maritime and military spaces. And this is because a maritime hospital is a place of economic disorder since at the time of mercantilism there was a lot of traffic in products coming from the colonies, and many traffickers made themselves sick to settle in maritime hospitals. As a result of this situation, the first hospital regulation appears to inspect the safes that sailors, doctors, and apothecaries kept in this environment. "But it is, essentially, a type of hospitalization that does not seek to make the hospital an instrument of cure but to prevent it from being the focus of economic or medical disorder" (Foucault, 1979g, p.60).

As a result of economic regulations imposed by mercantilism, both in the military and maritime spaces, the price of men has become increasingly high. "It is at this time that the training of the individual, his capacity, his skills come to have a price for society." (Foucault, 1979g, p.60). Therefore, the same question will be raised in the organization in military institutions, since from the 18th century onwards, the control of individuals who started to serve in the armed forces became stricter, to guarantee the health of the troops, to improve their performance and to do not waste money on them.

It is observed then that the first ways to regulate the hospital in maritime and military spaces are due to their discipline.

The disciplinary process that is observed in armies, in maritime and mercantile spaces, with all the mechanisms of surveillance, registration, examination, classification, a hierarchy will be applied in the hospital so that it will be related to training, control, knowledge doctor, who was also undergoing a kind of reformulation, another look that was directed to the nature of the diseases. The hospital, together with another conception of disease through medicine, will configure it as a space for producing the truth about health. Medicine starts to be formulated based on Lineu's classificatory-natural studies (1707-1708), which when used by medical practice led to an understanding of the disease that also deals with the limiting phenomena of nature, that is, it is understood from there, the notion of the influence of the environment on the organism, that is, how the soil, water, air, food contribute to the disease process. Then, in addition to this new way of understanding the factors related to pathology, the procedures of a hospital discipline will have the function of ensuring scanning, surveillance, disciplining the confused world of the patient and the disease, but also to transform the conditions of the environment in which patients are placed (Foucault, 1979g, p.62).

The hospital will have to be a space for healing, and rather the doctor, who used to be a mere adjunct, who made sporadic visits to many patients and who obeyed the orders of religious representatives, became an essential figure, fundamental in the hospital. Also related to this is that the great doctor will be the one who has accumulated hospital experience. "Tenon, for example, was a hospital doctor and Pinel was able to do what he did in Bicêtre thanks to the situation of being empowered in the hospital" (Foucault, 1979g, p.64).

Besides, a permanent registration system is organized in the hospital, and as far as possible, exhaustive, of what happens. In this way, a documentary field within the hospital is constituted, which is not only a place of healing but also of registration, accumulation, and formation of knowledge. It is in this way that medical knowledge is organized around what was written and

recorded in the hospital until it reaches a point where the normative training of a doctor must pass through the hospital. "In addition to being a place of healing, this is also a place for training doctors. The clinic appears as an essential dimension of the hospital" (Foucault, 1979g, p.64). The philosopher points out that in this case, the 'clinic' refers to the organization of the hospital as a place of training and transmission of knowledge. And given this disciplinarization carried out around the hospital, medicine, with all its theoretical and methodological framework on diseases, makes not only the individual emerge as an object of knowledge of medical practice, but also the population, this due to all accumulation of records that takes place in the hospital, between hospitals and in different regions. "The medicine that was formed in the 18th century is as much a medicine for the individual as for the population." (Foucault, 1979g, p.64).

Provisional findings

When dealing with the issues that led to the emergence of prison as an instrument of justice, related to the penalty, Foucault in the interview About Prison (1979h), says that such institution, since its implementation was linked to a project of transformation of bodies, of knowledge and programs. From the beginning, the prison had to be an instrument as perfected as the school, the barracks, the hospital, and to act with precision on individuals" (Foucault, 1979h, p.75). In the book Vigiar e Punir (2014), Foucault, when writing about prison, approaches that it preexisted its systematic use in criminal laws, it constitutes itself outside the judiciary, when they elaborate disciplinary procedures for the whole society, but that later start to colonize the judicial institution.

From then on, a deprivation of liberty practice constituted as an instrument of coercion in a double operation - economic legal on the one hand, and disciplinary technician on the other, which made prison appear as the most immediate and most civilized form of all the penalties. A kind of omnidiscipline also works in prison with many corrective functions, among which three principles stand out.

The first concerns isolation, as it produces disruption of communications, remorse, and total submission. The second is criminal work, which must be conceived of as machinery that transforms the violent, agitated, thoughtless prisoner into a piece that plays its role with perfect regularity. Finally, there is the question of the modulation of the penalty, because if the principle of the penalty is a decision of justice, its management, quality, and rigors must belong to an autonomous mechanism that controls the effects of punishment inside the device that produces (Foucault, 2014, p. 239).

This penitentiary concerns the relations of knowledge that permeate the prison environment and reinvest criminal justice, in what Foucault (2014) calls an "infinite labyrinth." Also, in such a space we seek to produce clinical knowledge about individuals within a prison panopticism with its mechanisms of surveillance and observation, security and knowledge, individualization and totalization, isolation and transparency, which are materialized in individualizing documentation. Therefore, the prison receives a judicial order, but within the prison system, it has to permanently collect from the detainee a knowledge that will make it possible to transform the criminal measure into a prison operation; which will make the sentence made necessary by the infraction a modification of the detainee, useful for society (Foucault, 2014, p.244).

So, the question of the "biographical", which turns out to be a fundamental instrument in the history of the penalty, and it is from this biographical that the figure of the offender emerges, which is distinguished from the offender by the fact of being more characterized by his life history than for the act committed. The relation the biographer maintains with the notion of delinquency is reproduced by the confusion of borders that is installed between the criminal and psychiatric discourses. Hence the notion of a "dangerous" individual, in which it is possible to establish a network of causality on the scale of an entire biography and establish a punishment-correction verdict (Foucault, 2014, p.246). The principle that delinquency should be specified less according to the law than the norm.

It is as if through this new notion that builds (delinquency), the biographical content of an individual that will be analyzed within a spectrum of knowledge, through which scientific discourses be will presented, was produced between the judiciary and the prison reform apparatus, which will deal with the notion of an anomaly. This notion reflects a danger, a disease, about which a set of disciplinary tactics will be organized to protect society from this social harm. Historically, it is clear that the prison system replaces the notion of the offender with the notion of delinquency, and this change is also because the process of constituting the object delinquency joins the political operation that dissociates illegalities and isolates them from the delinquency. Such operation is carried out because the institution of delinquency produces some advantages, among which we can highlight:

It is possible to control delinquency locating individuals, infiltrating the group, organizing mutual denunciation; Substitution of groups that practice illegalities on certain occasions by a relatively restricted and closed group of individuals over whom constant surveillance can be carried out; Guiding this delinquency closed in on itself for the less dangerous forms of illegality; making banditry work politically without danger and economically without consequence; making the violence of these groups of illegality turn to the very poor, that is, to themselves.

The production of delinquency becomes advantageous, since by becoming not only a production of scientific truth of deviant but also anomalous individuality, through which one needs to know to correct and protect (society), it becomes an instrument that can manage certain forms of illegality, in which differentiations are produced between the illegality of low-risk levels (such as petty theft, minor violence, refusals or daily deviations from the law), which could be called policies. Offenders become how a whole horizon of illegalities works without the judicial-normalizing apparatus causing harm in removing these advantageous situations.

The philosopher also points out that delinquency, solidified by a penal system on the prison, represents a diversion of illegality to the illicit profit and power circuits of the ruling class. This time, procedures are put in place surveillance of means and groups considered dangerous, and delinquency becomes both an object and an instrument of police surveillance since it authorizes the general rasting of the population. "Delinquency works like a political observatory. Her statisticians and sociologists used it in turn, well after the police" (Foucault, 2014, p.276).

In this way, the police and the prison function by interacting, acting across the entire field of illegalities, producing differentiation, isolation, and the use of delinquency. "Police surveillance provides the prison with the offenders it turns into criminals, targets, and assistants to police controls who regularly send some of them back to prison." (Foucault, 2014, p.276).

Through the insertion in the Colony of family, army, workshop, school, and judicial models, a modeling of the body was carried out that gave rise to knowledge of the individual. The techniques learned led to modes of behavior and the acquisition of skills was mixed with the fixation of power relations. And through the work of training farmers, submissive individuals were made, and knowledge that could be trusted was built upon them. "Double effect of this disciplinary technique that is exercised on the bodies: a" soul "to know and a subjection to maintain." (Foucault, 2014, p.290).

Along with these disciplinary aspects of coercion and knowing about individuals, medical and psychiatric techniques and procedures based on justice appear, with which the establishment of studies, theories, experiments that can be placed within the field of psychology are allowed. It then emerges in this institutional support, which is dispersed in several instances, be they guardianship, school, hospital, in public offices or private companies, with the function of establishing the normality of normalization, that is, it allows a new type of control over individuals who resist disciplinary normalization.

The establishment of the prison network allows for the dissemination of the instructional techniques of the penal institution to the entire social body, which places a certain continuity in the institutions themselves that exist in a reciprocal relationship (from the assistance bodies to the orphanage, to the correctional house, to the penitentiary, to the disciplinary battalion, to the prison, from the school to the patronage, to the workshop, to the refuge, to the penitentiary convent; from the worker city to the hospital, prison) (Foucault, 2014, p.294). For the philosopher, prison continuity and the diffusion of prison forms make it possible to legalize, or in any case legitimize, disciplinary power, which thus avoids what may be excess or abuse (Foucault, 2014, p.295).

Therefore, the prisoner naturalizes the legal power to punish, as "legalizes" the technical power to discipline. In this way, a kind of homogenization of the penal and normalizing systems takes place, erasing what may be violent in both and mitigating the effects of revolt that they can provoke (Foucault, 2014, p.298). It is through this relationship, this conjunction, that Foucault understands the economics of the exercise of power that was sought in the 18th century for the problem of the accumulation and useful management of men.

From this brief historical path that demonstrates the origins of speeches, organizations, control, and capture of bodies by school, hospital, and prison institutions, Foucault proposes a critical look at the processes that permeated and contributed to the understanding of how power works (in this specific study, of disciplinary power). For Foucault (2013), it cannot be considered only negatively, through repression or even violence, since in the relationship of subjection, power manifests itself by subtly crossing hierarchies, vigilances, mild punishments, constant examinations, productions of knowledge that materialize in documentary supports configuring fields of knowledge and assessments of truth, which are dispersed and in strategic dispositions, operate a whole horizon of normalization of micropolitical control practices, whose fundamental objective is to guarantee domination in a productivist society and consumption.

Author contributions

Trujillo DHS participated in the conception, design, survey, and analysis of bibliographic sources and in writing the scientific article. Lemos FCS participated in the design, analysis of bibliographic sources, and writing of the article. Sampaio AM participated in the writing and review of the article.

Competing interests

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References

- Barros, A. M. L., & Zanotelli, C. L. (2016). Questões de Michel Foucault à Revista Hérodote e respostas dos geógrafos [Michel Foucault's questions to Hérodote Magazine and the geographers' answers]. *Geografares*, (21), 3–24. <https://doi.org/10.7147/GEO21.12161>
- Candiotto, C. (2007). Verdade e Diferença no Pensamento de Michel Foucault [Truth and difference in Michel Foucault's thought]. *Kriterion: Revista de Filosofia*, 48(115), 203-217. <https://doi.org/10.1590/S0100-512X2007000100012>
- Candiotto, C. (2012). Disciplina e Segurança em Michel Foucault: A Normalização e a Regulação da Delinquência [Discipline and security in Michel Foucault: normalization and regulation of delinquency]. *Psicologia & Sociedade*, 24(n. spe.), 18-24. <https://www.scielo.br/pdf/psoc/v24nspe/04.pdf>
- Foucault, M. (1979a). O Nascimento da Medicina Social [The Birth of Social Medicine]. In M. Foucault, *Microfísica do Poder* (R. Machado, Trad.). Graal.
- Foucault, M. (1979b). O Olho do Poder [The Eye of Power]. In M. Foucault, *Microfísica do Poder* (R. Machado, Trad.). Graal.
- Foucault, M. (1979c). Verdade e Poder [Truth and Power]. In M. Foucault, *Microfísica do Poder* (R. Machado, Trad.). Graal.
- Foucault, M. (1979d). Nietzsche, a Genealogia e a História [Nietzsche, Genealogy and History]. In M. Foucault, *Microfísica do Poder* (R. Machado, Trad.). Graal.
- Foucault, M. (1979e). Poder-Corpo [Power-body]. In M. Foucault, *Microfísica do Poder* (R. Machado, Trad.). Graal.
- Foucault, M. (1979f.) A Política de Saúde no Século XVIII [Health Policy in the 18th Century]. In M. Foucault, *Microfísica do Poder* (R. Machado, Trad.). Graal.
- Foucault, M. (1979j). O Nascimento do Hospital [The Birth of the Hospital]. In M. Foucault, *Microfísica do Poder* (R. Machado, Trad.). Graal.
- Foucault, M. (1979h). Sobre a Prisão [About Prison]. In M. Foucault, *Microfísica do Poder* (R. Machado, Trad.). Graal.
- Foucault, M. (1982). *Espaço, Saber e Poder* [Space, Knowledge, and Power]. Skyline.
- Foucault, M. (1984). Heterotopias: De Espaços Outros [Heterotopias: From Other Spaces]. *Architecture, Mouvement, Continuité*, 5, 46-49.
- Foucault, M. (2012). *O Poder Psiquiátrico* [Psychiatric Power]. Martins Fontes.
- Foucault, M. (2013) O Sujeito e o Poder [The Subject and Power]. In H. L. Dreyfus, & P. Rabinow. *Michel Foucault: Uma Trajetória Filosófica*. Forense Universitária.
- Foucault, M. (2014). *Vigiar e Punir* [Discipline and Punish]. Vozes.
- Ramos, C. C. O, & Carvalho, S. R. (2016). Estados Anormais no Contemporâneo: O Dispositivo-Drogas no Diagrama da Internação Compulsória [Unnatural States in the Contemporary: The Drug-Device in the Compulsory Incarceration Diagram]. In F. C. S. Lemos, D. Galindo, P. P. G. Bicalho, E. T. A. Ferreira, B. A. Cruz, T. S. Nogueira, F. T. Barros Neta, R. H. S. Aquime (Orgs.). *Práticas de Judicialização e Medicalização dos Corpos, no Contemporâneo*. Editora CRV.