REVISTA ONLINE DE PESQUISA

CUIDADO É FUNDAMENTAL

Universidade Federal do Estado do Rio de Janeiro • Escola de Enfermagem Alfredo Pinto

INTEGRATIVE REVIEW OF THE LITERATURE

DOI: 10.9789/2175-5361.2016.v8i3.4749-4756

Genealogia do cuidado na perspectiva foucaultiana

Genealogy of care in foucault's perspective

Genealogía de la atención en perspectiva de foucault

Cristiano Bertolossi Marta[1], Eneas Rangel Teixeira[2].

Como citar este artigo:
Marta CB e Teixeira ER. Genealogia do cuidado na perspectiva foucaultiana Care Online. 2016 jul/set; 8(3):4749-4756. DOI: http://dx.doi.org/10.9789/2175-5361.2016.v8i3.4749-4756

ABSTRACT

Objective: identifying the state of the art of care genealogy through publications in national and international journals. **Method**: this is an integrative review of the process in health care and nursing, preceded between 10th February, 2014 and 20th February, 2014, in the Medline, Lilacs and SciELO of data portals VHL and CAPES. Article 17 was explored and the results were grouped into two categories: the Archeological and Genealogical methods proposed by Michel Foucault and Considerations knowledge and practices of health care and nursing. **Results:** the care and its relationships have transversality in ways of caring in different forms and spaces. The transversality becomes evident when it comes to body care with direct, indirect and contextual mode, evoking shared knowledge and complex actions. **Conclusion**: it is necessary to reflect on the production of self-care and implications for health activities, including the philosophy of power involved in this process.

Descriptors: genealogy and heraldry; nursing care; interprofessional relations.

[1] Rio de Janeiro State University. Brazil. Summary Biography: Nurse. Doctor of Nursing. Professor, Department of Nursing University School of Nursing Fundamentals of the State of Rio de Janeiro.

[2] Institution / Affiliate Universidade Federal Fluminense. Brazil.

DOI: 10.9789/2175-5361.2016.v8i3.4749-4756
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RESUMO

Objetivo: identificar o estado da arte sobre genealogia do cuidado através das publicações em periódicos nacionais e internacionais. **Método**: trata-se de uma revisão integrativa sobre o processo do cuidar em saúde e enfermagem, procedida entre 10/02/2014 e 20/02/2014 nas bases de dados Medline, Lilacs e Scielo dos portais da BVS e CAPES. Explorou-se 17 artigos, cujos resultados foram agrupados em duas categorias: os métodos Arqueológicos e Genealógicos propostos por Michel Foucault e Considerações sobre saberes e práticas de cuidado em saúde e na Enfermagem. **Resultados**: o cuidado e suas relações possuem transversalidade nas maneiras de cuidar em distintas formas e espaços. A transversalidade evidencia-se quando se trata do cuidado com corpo de modo direto, indireto e contextual, evocando ações saberes e ações complexas. **Conclusão**: é necessário refletir sobre as produções do cuidado de si e as implicações com as atividades na saúde, compreendendo a filosofia do poder envolvido nesse processo.

Descritores: genealogia e heráldica; cuidados de enfermagem; relações interprofissionais.

RESUMEN

Objetivo: identificar el estado de la arte acerca de genealogía de la atención a través de las publicaciones en revistas nacionales e internacionales. **Método**: se trata de una revisión integradora del proceso de atención de la salud en enfermería, procedida entre 10/02/2014 y 20/02/2014 en el Medline, Lilacs y SciELO de los portales BVS y CAPES. Exploró se a los 17 artículos, cuyos resultados se agruparon en dos categorías: Los métodos Aarqueológicos y Genealógicos propuestos por Michel Foucault y Consideraciones acerca de los conocimientos y prácticas de atención de la salud y de la Enfermería. **Resultados**: la atención y sus relaciones tienen transversalidad de maneras de cuidar en diferentes formas y espacios. La transversalidad se hace evidente cuando trata de cuidado corporal con modo directo, indirecto y contextual, evocando las acciones conocimientos y acciones complejas. **Conclusión**: es necesario reflexionar acerca de las producciones de auto-cuidado y las implicaciones para actividades de salud, incluyendo la filosofía de poder participar en este proceso.

Descriptores: genealogía y heráldica; atención de enfermería; relaciones interprofesionales.

INTRODUCTION

This work is an integrative review, whose substrate is the process in health care and nursing. Thus we seek to outline on the conceptual point of view, the genealogy of care and its interfaces with nursing and health in a transdisciplinary attitude.

The care in the postmodern context, presents polysemy concepts, dealing from professional care to the socio-cultural dimension of otherness and the plurality of care with life. Certain concepts and theoretical approaches adopted in the construction of studies in the health field, embrace life sciences and human area that reference nursing as a science and art, in an interdisciplinary and transdisciplinary perspective.

Care presents concepts ranging from common sense, from philosophy to science. Therefore, may present: ambiguous, polysemic, sublime, religious, profane; something devalued by patriarchal culture and caste society; as an ethical, aesthetic and scientific practice; and technological care.

The Philology of care goes back to its Latin origin. The Caring verb is associated with *cogitare* and *curare* verb. *Cogitare* means to think, imagine, takes, agitation of mind and thought; derivative *cogitatus* means devotion, vigilance, diligence, care and concern; *Curare* means already cure, treat. Then care refers to care, caring, concern, treat, cure, diligence, care and good treatment[1].

The meaning of the concept of care also means cognitive, psychomotor, ethics, action on health and disease, as well as investment in the person. By their origin, care instigates reflection, action and change in the cycle, for their therapeutic intervention.

From this perspective this genealogical study of care aims to: identify the state of the art genealogy care through publications in national and international journals.

METHODS

The review was conducted from 10th February, 2014 to 20th February, 2014. The search and selection was performed on portal databases VHL and CAPES. Therefore, the following databases included in these portals were raised: Medical Literature Analysis and Retrieval System Online (Medline), Latin American and Caribbean (Lilacs) and Scientific Electronic Library Online (SciELO).

Sought articles indexed in databases for the period 2003 to 2013, in Spanish, English and Portuguese, with complete journals that addressed the genealogy of care (inclusion and exclusion criteria). The terms in Portuguese and English used for the search were surveyed in Descriptors of Health Science (Decs) Virtual Health Library (VHL) and Capes portal were: genealogy; care; nursing.

The studies selected were combined with Boolean terms AND and OR, for a total of 27 references including dissertations and scientific articles.

After reading the summaries and analysis of scientific papers, that number was reduced in order that the present study is based on well-defined inclusion and exclusion criteria.

Once applied the inclusion criteria, that number has been resized to 17 studies composing the total sample to be discussed in this study.

RESULTS

The distribution of articles included in the study according to the established criteria and the year of publication, we identified 3 item in the volume of 2012, 3 in 2011, 2 in 2009, 3 survey in 2008, one survey in 2007, 2 article 2006, 1 2005, 1 in 2004 and 1 in 2003.

Table 1: distribution of articles according to journals, databases and the year. 2003 – 2013.

Study	Title	Journal	Year	Source
E1	Archaeology and genealogy as methodological options in nursing research	Brazilian Journal of Nursing	2003	Scielo
E2	Care and completeness: a genealogy of knowledge and practice in daily life	Institute of Social Medicine (UERJ)	2004	Scielo
E3	Fragments of a work in health genealogy: genealogy as a research tool	Public Health Notebook	2005	Scielo
E4	Problematizing special observation in psychiatry: Foucault, archaeology, genealogy, discourse and power/knowledge	Journal of Psychiatric and Mental Health Nursing	2006	Medline
E5	Care practices and the issue of disability: inclusion or integration	Psychology Studies	2006	Scielo
E6	Genealogy of ethics: the subject in question	Thematic Digital Education	2007	Scielo
E7	When the story finds the body: interface between the "offsets" of Foucault and the Kafkaesque iconoclasm	School Anna Nery Journal of nursing	2008	Scielo
E8	Foucault and its use as a reference in scientific literature in nursing	Text & Context Nursing	2008	Scielo
E9	New modes of subjectivate: the experience of organization Free Women in the Spanish Revolution	Feminist Studies	2008	Scielo
E10	Therapeutic strategies for the treatment of chronic pain: a genealogical study of the clinic of pain (Master thesis)	UERJ	2009	Scielo
E11	For a residency Clinic: deinstitutionalizing trials in biopolitical times	Interface Communication, Health and Education	2009	Scielo
E12	National School Nurse Day: Reflections from a Relative of Florence Nightingale	NASN School Nurse	2011	Medline
E13	The construction of care by health and caregiver in a home care program to the bedridden in Porto Alegre (RS, Brazil)	Science & Collective Health	2011	Scielo
E14	Care in nursing, Phenomenological Perspective	Towards the promotion of health	2011	Lilacs
E15	Crossfires: the genealogy of the power of Michel Foucault and Marxism	Synthesis	2012	Lilacs
E16	Public policies on Mental Health and Work: Epistemological and political Challenges	Psychology: Science and Profession	2012	Scielo
E17	Matrix support as mental health care in primary health care: multiple devices and looks for resolution	Science & Collective Health	2012	Scielo

Regarding the methodological concepts and study type, stand out 9 research articles, 4 of theoretical reflection, 1 systematic review, 1 case study, 1 and 1 documentary research dissertation.

Through this integrative review shows that four articles were published 4 in Rio de Janeiro, 2 in São Paulo, 1 of Minas Gerais, 1 in the Distrito Federal, 1 in Florianopolis, 1 in Santa Catarina, 2 in Porto Alegre, 1 Ceará, 1 in Córdoba, 1 of Colômbia, 1 in Virgínia, 1 in Texas. The origin of the publications was different among the regions of Brazil, realizing Thus a predominance of publications in the Southeast (seven items).

According to the theoretical framework used, 11 articles were based on the referential of Michel Foucault, 1 Florence Nightingale, first addressed the concept of completeness, 2 genealogy of care, 2 on Mental Health and care.

Regarding the academic background of the authors, 8 articles were written by nurses; 3 psychologists; 2 by a doctor; 1 by a nurse and a medical health officer; 1 by a nurse and a philosopher, philosophers and 3 by 1 written by a group of psychologists. The analysis of the studied samples revealed no publications in 2010.

DISCUSSION

A full reading of the articles in this review allowed the grouping of articles by similarity of content, two themes. The categories that best define are: The archaeological and genealogical methods proposed by Michel Foucault and considerations of knowledge and care practices in health and nursing, addressed below.

The archaeological and genealogical methods proposed by Michel Foucault

Michel Foucault was a contemporary philosopher who placed the purpose of thought do archeology and genealogy of knowing and doing. As a result, prompted us to make this our problem, to be able to become natural and to do a productive reflection of what we are doing with our time.

Michel Foucault's ideas are quite productive, create a new and powerful conceptual framework that helps to

DOI: 10.9789/2175-5361.2016.v8i3.4749-4756

understand the problems faced by contemporary Western societies, providing different answers to old questions, or rather make new questions to find other meanings and produce new meanings[2]. In this sense, Foucault's theoretical and methodological framework has been adopted by different areas of knowledge, such as political science, legal; linguistics; the humanities; and the health sciences.

In this context of multiple possibilities of methodological approaches to the analysis of health and nursing problems, Foucault in reference to see what unfolds around us, trying to find out what the specific and perhaps original problems that have been building and sustaining our daily life and, perhaps, our own existence. By the methods, archaeological and genealogical, is possible to get a new look at the story, not in a linear descriptive way, but approaching reality for analyzing and deconstructing the discourse and the search for discontinuities in the historic route.

> *"The Archaeological method was described by Foucault in 1969, in the book Archaeology of knowledge. The method had as its starting point the history of ideas, which is assigned to the task of penetrating the existing disciplines, treat them and reinterpret them. Is the discipline of beginnings and ends, the description of the obscure and continuities returns, the reconstitution of the developments in the form of linear history" [3,p288].*

Archaeology can be defined as a rewriting of what has been written, is the systematic description of a speech object. Archaeologists do not claim the constitution of the phenomenon he is studying through its significant activity interessed[4]. He has, rather, to share speech everyday context for it to be studied in order to participate in their discipline. Must be at the same time, in and out of the discourses which he analyzes, sharing of meaninglessness while on hold, this is the unavoidable condition of the archaeologist.

But the genealogical method, which is the focus of this study, in turn, is understood as the analysis of why the knowledge, you want to explain its existence and its transformations standing as the power relations of part or including it in a political device. "It's the ability to be a historical knowledge of struggles, activating local knowledge, discontinuous, disqualified and not legitimated, against the effects of centralizing power linked to the establishment of a single speech." [5,p1045]

The genealogy is opposed to the traditional historical method; your goal is to point out the uniqueness of events, out of all monotonous purpose. The genealogical history works with the discontinuity, breaks the fixed points, breaking the identities and enters the body in history[5]. She is meticulous and therefore requires the minutia of knowledge, avoiding at all costs what is above history, their meanings ideals. It requires patience, for "behind things there is something entirely different: not its essential and undated secret, but the secret that they are without substance, or essence was built piece by piece from figures that he was a stranger" [3,p289].

Foucault did no apology to discontinuity, but proposed to discuss the question: "how is it possible to have in a certain time and in certain order of knowledge, sudden changes, evolution, changes that do not correspond to the quiet and continuous image as normally is done?"[3,p289]. He did not bother with linear time or the extent of these changes, but with the change in the rules of formation of statements that are accepted as scientifically true, in short, bent over policy problem of scientific statement[4].

Most prevalent themes in the Foucault's studies are on disciplinary power, pastoral and biopower, which produce subjectivities of self-care and governance. That same thought, points out that a Foucauldian reading about health professions contributes to the dissemination of the construction of possible truths schemes, in which professionals are perceived as agents who exercise power over life in society, enabling progress towards a more critical and interdisciplinary training[6].

In this sense, it is not to know "what is the power that acts from the outside on science, but that power effects circulate between scientific statements, which are inside the power of governance; how and why at times it changes globally and what is its interference in care".[7,p47]

Foucault proposes a new way of looking at the power. For him, the power objected to the idea that the state would not be the only body central and therefore diffuses and reflects in other sectors of social life seamlessly, with very existence and most superficial ways. The power "is a bundle of more or less organized relationship, more or less piramidized more or less coordinated".[2,p631].

In this perspective, the power from the care domain is not something unitary and global, a thing in itself; is a social practice historically constructed and is not found in any specific point in the social structure. The power in this perspective is created and establishes relations and ways of sense, which becomes visible and instrumental. As in fact, is at any level of the social scale and can be viewed in a subtle or explicitly, when we look in to the arrangement of spaces in the health services. The different processes that involve everyday activities in the hospital, the relations of power-knowledge are present and permeate all areas, generating asymmetric relations between the different actors involved the search spaces of fields, competitiveness and conflicts.[8,9]

The power of the genealogical analysis produced a major shift in relation to political science, which limited the state the fundamental form of investigation of power. In this displacement analysis of space as the level at which this takes place (the macro - micro State, within the ends) Foucault called microphysics of power[7]. Investigation of power in its ends is held from its forms local, through a thorough control of the body - gestures, attitudes, behaviors, habits, speeches.[6]

In this sense, the genealogy avoids depth; search the surface of events, the detail, the smallest changes and

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subtle contours. The genealogist studies the emergence of a battlefield that defines and clarifies a space, write the effective history, accepts the fact that we are nothing in our history, is careful to hear the story instead of believing in metaphysics.[5,10]

The Foucault's genealogical method is interpretive, so that understanding can only come from someone who shares the actor's involvement, but it moves away. Before building a general theory of production, in contrast, Foucault offers us an interpretive analytics our daily.[11]

"Foucault's genealogy is characterized by assigning the knowledge-power function successfully, going against the Platonic myth that access to true knowledge owes nothing to benevolence of rulers".[3,p290] It was this myth that in the opinion of Foucault began to show that behind all know, of all knowledge, what is at stake is a power struggle, or a power voltage. This also applies to care practice that permeates a power relationship between the care agents and between professional caregiver and the client.

Knowledge and practice notes for health care and Nursing

With the genealogical dimension it is studying problems social and biomedical practices and the madness and disease, defined previously with certain profile standardization. As indeed it discusses the life, language, crime and criminal behavior from certain punitive practices follow a disciplinary model. If you create the relationship of knowledge disciplinary proceedings of the subject and society, which will outline ways of health care.

The contemporary context of care is characterized by biopolitics and that is guided by biopower, exercised by state institutions and resonance that power agents, doctors, nurses, psychologists, health workers and others. Power exercised by the media, human and subject groups, which transfer to the biomedical discourse referential to take care of themselves, in a capillary way. This form of care is to the substrate body, whose specialists are trained to exercise effective speeches on the different forms of care for life.[10]

The Foucault studies on the genealogy of care open a perspective of useful analysis in health, in so far as its conceptual references allow us to an appreciation of the relations of power in the operative services and institutionalized health actions. This care practice is closely related to the activities of the nursing profession and the evolution of women's participation in society, winning their independence and freedom in social networks.

Historically, the act of caring, considered a feminine attribute the cultural and patriarchal society, began with the spread of Christianity in the West, which has led many women of the old nobility of Rome to devote to the poor and sick and transform their palaces in hospitals[12]. There have been many changes in society, especially in the treatment of the sick. Men privileged caste, belonging to religious and military orders, took almost entirely the work of providing care to patients. Congregations made women, especially virgins, widows and nuns also helped the Church in the role of caring for the poor and sick. Women, previously limited to housekeeping, to embrace the Christian religion, could engage in other activities.[13] In this context emerges pastoral power that will guide a way to take care of themselves guided by religious rationality.

Thus, one might think that the practice of institutionalized care, predominantly in the Middle West Ages, suffered strong resonance of Catholic organizations, considered references in the institutional organization before including invasions of barbarians and Moors in Europe; as indeed was created religious and ideological apparatuses for the exercise of nursing practice.

The rise of Christianity produced a charitable sense of care and the institutions organized by religious rationality. About this time, Foucault calls the pastoral, in which the priest's figure played a decisive role in self-care of the population, related to devices, preaching, confession, among other religious and social practices, which will establish principles, requirements and tests for conscience, held between the faithful and priest.

In Modern age, and with the rebirth of another rationality, emerges: anthropocentric, rationalist, scientistic and biologicist - resulting from new forms of relationships and knowledge driven by the emerging new economic order, the capitalist production system. Therefore, the Renaissance (fourteenth century to the sixteenth) is also a time of significant break with the religious and feudal paradigm, to other forms of knowledge explanation of the phenomena that take place with nature, man and the health care, namely, the rise of the scientific reasoning. This disruption is described on the basis of two axes which are important birth hospital and clinic.[14]

The care provided, even in this context, was not considered work, nor was justified in scientific discourse, indeed incipient at that time. One caution that although clothed in robes of charity - as a way to atone for sins and ensure eternal salvation - meet with the social function of control of those who might or might not be part of the work society that would give their first steps from the abolition of slavery and the proclamation of the Republic. When medicine is organized as socially legitimate discourse, the hospital acquires another character, and then be considered a therapeutic instrument of healing. The doctor before did not act, it is primarily responsible for the hospital organization.[5,12]

Starts this context, what Foucault calls the clinic birth, or even of biopolitics, whose representatives are the medical staff and their agents, emerge as a kind of clergy in the organization of hospital institutions and issue precepts and requirements for the people take care of themselves. It is not about the soul that rests the basis of the requirements of care, but on the body of medicine of the organs, fragmented and mechanistic.

The clinic is characterized as a specialty of knowledge to become a structured nosological field, when the disease is now considered as one, known truths organizing and instructing teachers and students, ie also serving as proof of knowledge confirmed by time (disease progression). This speech organization has been at the clinic in the last years of the eighteenth century, the hospital space.[15, 16]

With the insertion of the clinic in the hospital, this turns into pedagogy and its development will give a new provision to the objects of knowledge - the look of the doctor not only detects, but discovers, names and classifies the disease.[5]

In this context, the hospital, considered until then as "workhouse" or place for "the salvation of souls", becomes the great school, funded by the rich, serves poor and transform their suffering into knowledge that is useful to the rich.[17]

The transformation of the hospital and its reorganization takes place through a political technology - discipline. With this mechanism the hospital becomes place of registration, accumulation and formation of knowing where individual constitutes an object of knowledge and target of medical intervention during the century XVIII.[14]

However, at the end of that century appears a new disciplinary technology that addresses not man-body, but the man living in that it forms a global mass, affected by own processes of life as birth, death, disease and production, ie, a transposition of the political anatomy of the human body for a biopolitics of mankind and society, generating normality parameters for self-care.

The genealogy of Michel Foucault considered the disciplinary society, and in this context, the institutions were in power, which would call biopower. Generated from the eighteenth century, this "power of life" gains strength in scientific knowledge and begins to ward off threats of death, always present.[3] This control was given by the techniques of power present in the social body that were used by institutions such as the family, school, medicine, nursing homes, among others. Acting through discursive practices such power techniques summoned the reality to be produced from disciplinary proceedings that were intended to manage life supporting himself by standards - built ideas to which grants the status of truth, passing by all the axes of power, and around them people are encouraged to shaping and making up their lives, their day-to-day.[15,18]

Note that biopower operates in two axes, disciplinary and other bio-political. In its disciplinary pole, the power was centered in the body as a machine, for training it, broaden its skills, increasing its utility and docility, in a process provided by the disciplines. In his polo biopolitical, the power was centered in the body as a species through regulatory processes of the population, to control births and deaths, epidemics, health level, the duration of life. With a less repressive and punitive operation and more constitutive and decisive, this power actively participates in the production of modes of subjectivity, of the daily preparation of people, subjecting them to normative truths that prefix your life and your relationships.[15, 19-21]

This clinical biomedical model extends, the hospital field for the social field, to guide the conduct of individuals, generating a technology of the self, whose institutions will make connections. Thus the state, school, medicine and family will build forms of social relations and establish under the aegis of a biomedical knowledge, what is normal and what is pathological.

The biopolitics is not restricted to natural questions of health or disease, such as birth, morbidity, endemic diseases, among others, turns also to a set of phenomena that are universal or accidental. Such as sexuality, different behaviors, development and human skills, introducing not only care institutions, but subtle mechanisms, rational insurance, security and individual savings and collective.[15]

In this historical and social context, nursing techniques began to be organized, paving the way for the use of instruments in patient care and differentiating the charitable model, despite its influence in nursing.

During this transition period of a religious rationale for scientific, whose base is biopolitics, it is emphasized that the religious orders and their moral and ideological values began the organization of hospitals and served as a transition from a religious model to a biomedical model institutional organization, in which the nurse now occupies an auxiliary position of medical practice, so in that context the knowledge and the teaching were in the hands of doctors, in power biomedical.[22]

It fell to nursing under the auspices of a religious nature disciplinary prepare the field for care guided by biopower, that little by little, was being replaced by the hegemonic biomedical knowledge over the empirical and charitable care.

In environmentalism's perspective, the endemic and new knowledge leading to new ways of organizing social assistance of modern states and new technologies of self-care emerges a new nursing practice, which is instrumentalized to act on the environment, advocating the need for light, fresh air, silence and especially hygiene, as advocated Florence Nightingale.[12]

Nightingale said that the environment acts on the human condition and the nursing care modifies the life cycle. Thus, recovery of the individual health status was directly linked to both environmental control services as campaigners assists. Due to the need for environmental control of the individual and the patient's motor restlessness, society is organized to provide care at home.[23,24] In this context the imposition of the visiting nurses with intuited to spread and operational know-how of biopolitics in the environment.

It should be noted that Nightingale performs epistemological cut, in fact with the old empirical nursing practice and makes room for a new form of know-how in nursing in the face of economic and scientific revolutions. However, she had a vitalist and ecological perspective of health, moving in many aspects of hegemonic biomedical model, adapting while moving the medical profession. Born, therefore, a new practice of knowledge and power in health, which organizes the spaces, takes care of the patients, and observes the precepts down to self-care.

The health established practices emerge from a network of power relations and interests, Foucault enables rethink what we do (often automatically) and take responsibility for the historical place we build as subjects.

In health, we can identify from a survey of scientific production in the databases, studies that use the theoretical reference for analysis of their subjects. Among them are: the use of a vision microphysics of power in seeking to grasp, the daily practice of professionals in the hospital; the discussion of power relations established between health professionals and individuals in the treatment of pain; research on nurse identity construction in the historical context from the account of a Nightingale; care practices as an integrating mechanism (completeness) and inclusion of individuals with mental disabilities.

Obviously such statements do not exhaust all of nurses in studies using the theoretical reference, but provide illustrations of copies on the productivity of such a contribution in this area.

As can be seen the theoretical reference points a fresh look at the various fields of nursing practice, whether under Institutional, Public Policy, Professional Health Reform and Training, in an attempt to understand what strategies, struggles, knowledge, and practices have influenced the construction of subjects.[25] This was by design techniques that allow the expansion of client autonomy spaces and nursing in the search for an ethical act, understood as resulting action of the decision and autonomous will, reaffirming thus the circularity of power that is established in social relations.

CONCLUSION

The analysis of all the work concluded that most studies aimed at understanding the genealogy of care based on the perspectives of Michel Foucault.

The results showed that the care and its relations have mainstreaming in ways to take care in its different forms and places. This mainstreaming is evident when it comes to body care in its materiality, from its most basic aspects of care to those technically more complex.

Care is much broader than a hospital monitoring. It is present in all times and situations that interfere and/or references to any human being. And because it is related to the life of a human being, nothing more consistent that enable and encourage participation in the process from start to finish.

In this perspective, we must break the silence that still prevails in Nursing and Health, when what is at issue is the place of care as an essential component in the comprehensive care. Thus, it is necessary to reflect and understand the philosophy of power over knowledge and disbelief on the part of professionals, self-governability conditions of the subjects involved. Subjects who are care needs and should be protagonists of their own life.

In this sense, Foucault suggests that ethics and care are thought of as a powerful form of reflection/action on ways to live. He claims that the meaning of his work is to show to the people that they can be much freer than they think. And this is possible insofar as evidenced through the genealogy; the subject is constituted by care practices historically built in every culture. This perspective of knowledge production and processing practices, allow you to building health policies that seek to increase the freedom in the games of power and truth criteria that demarcate the field of health and health work.

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Received on: 07/06/2014
Required for review: 10/02/2015
Approved on: 11/03/2016
Published on: 15/07/2016

Contact of the corresponding author:
Cristiano Bertolossi Marta
Boulevard 28 de Setembro, 157
Vila Isabel, Rio de Janeiro - RJ
ZIP code: 20551-030