

The banality of psychopharmacological evil in times of performance

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Abstract: This paper traces a path that begins by identifying the phenomenon known as medicalization of life. Since this object of study is not only a medical issue, requiring an articulation with other areas of knowledge, the study proposes a genealogy that articulates medical and social criticism on this phenomenon, combining medicine, sociology, psychology, economics, and political theory. Such tapestry is woven against the backdrop of current demands for autonomy and performance, in the context of increasing psychopharmacological urges. If the benefits of drug administration can provide subjective well-being, the excesses or the banality of psychopharmacological evil, on the other hand, blur the boundaries between normal and pathological.

Keywords: psychopharmacology, performance, neoliberalism, Pharmaceutical industry.

Introduction: a view on the field of drugs today

We are currently experiencing a dramatic increase in the demand for psychiatric drugs at various levels and instances of society (Conrad, 2007). The pharmaceutical industry sells the idea that its products are a way of achieving a desired tranquility, which is supposedly shown by their ability to soothe conflicts and tensions; One could, thereby, attain a certain degree of happiness in pills. This exact promise was the foundation of Prozac *marketing*, which began to be widespread in the late 1980s. A real *boom* in consumption of psychiatric drugs can be seen in our daily lives and at a growing pace.

Borch-Jacobsen (2013) states that the industrialization of pharmacy intensified in the 1930s and 1940s with the widespread introduction of antibiotics, which were the first mass drugs. According to the author, until 1930 there were only effective drugs for a group of seven diseases. The expansion of this industry accelerated after World War II, driven by a series of scientific discoveries of chemicals. However, in the 1980s and 1990s, production increased under the leadership of a few large companies, due to the mergers amongst them.

The broad study by Borch-Jacobsen (2013) contains data from *IMS Health* that the turnover of the pharmaceutical industry worldwide was 400 billion dollars in 2002. In 2008, that figure rose to 775 billion, and by 2011 it had exceeded 956 billion dollars¹.

These figures place the pharmaceutical industry as one of the most profitable businesses in the world. The kind of drugs with the highest worldwide turnover in 2008 was psychiatric drugs, followed by statins for cholesterol control, treatment for asthma, antidiabetic and antiulcer drugs for gastroesophageal reflux. Psychotropic drugs amounted to 60 billion dollars, while the second largest turnover, statins, generated revenue around 33 million dollars.

Certainly, this is a debate that has been growing in momentum also in the academia. In a quick search in the databases of Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (Capes)², in August 2014, the search for the term “medicalization” showed 361 results of papers, arranged chronologically as follows: before 1998 (five papers), 1998-2001 (ten papers), 2002-2005 (22 papers), 2006-2009 (157 papers), 2010-2014 (168 papers). Another survey with the same term in the same database in August 2019 showed that the number of papers had risen to 1,037, more than 100% increase in five years. These data show that there is currently a growing interest in the issues concerning psychiatric drugs.

It is not news that much has been discussed about illicit drugs in the field of drug addiction. However, we are faced with a situation that organizes the coordinates of a process of intense *psychopharmacologization*³ of everyday life, in which the most trivial emotions are likely to be dealt with by a drug intervention. In contrast to illicit drugs, which are immersed in an atmosphere of morality that represses both the use and the debate about decriminalization and regulation, here we are situated in

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1 In January 2012, the global market value of the pharmaceutical industry was calculated at 1,600 billion dollars, behind only the bank insurance industry (4,000 billion dollars) and oil companies (3,400 billion dollars).

2 Retrieved from <https://bit.ly/3xjFyE>

3 This term will be used from now on to differentiate it from what is meant strictly by medicalization, a broader issue and a practice that started in the nineteenth century (Foucault, 2014).



the record of a growing supply of psychiatric drugs, which increases the exorbitant profits of the pharmaceutical industry. This debate is part of the process by which there is an ethically questionable relationship between laboratories and scientific research, which can be followed closely in the work of Marcia Angell, former editor-in-chief of the scientific journal *New England Journal of Medicine* and researcher at the Department of Global Health and Social Medicine at Harvard Medical School (Angell, 2007).

The topic involves not only an internal perspective toward scientific production and the medical and biochemical areas; it also inserts the problem within the need to have a broader, critical sociological debate, as done by Pickersgill (2014), approaching this set of issues, relating it to the controversy over the DSM-5. The author correlates the scientific production involving the DSM-5 from the perspective of a sociology of criticism concerning the medicalization of society. By doing so, the topic comprehends various social actors and is situated on the edges of the areas of social medicine, sociological criticism, psychology, economics, politics and media coverage.

Indeed, the issue of medicalization bears a conceptual polysemy. Camargo (2013) examines the historicizing process of the concept, choosing the definition of medicalization as the process of transformation of previously non-medical problems into medical problems. For the author, the first challenge concerning the concept of medicalization is “to examine how the (re)construction or expansion of diagnostic categories takes place in concrete cases, shedding light on the underlying processes” (Camargo, 2013, p. 845).

The issue of medicalization would require a greater distinction and a broader conceptual study as it involves several processes, also in order not to situate the topic within a simple overview, which it definitely is not. Complexity primarily involves defining what a medical problem is. Camargo cites as an example the case of HIV and Aids, which did not exist in the horizon of medical knowledge until the 1980s. Subsequently, as research advanced and led to the consequent improvement of drug cocktails, the issue of aids was controlled by prescription drugs, or the act of medicating, to cope with the HIV. Thus, medicating is arguably a positive thing here.

However, there was an “extension of possibilities of intervention to serve economic interests uncommitted with the ethical purposes associated with the logic of health” (Camargo, 2013, p. 845). Thus, the process by which modernity and the processes of social transformation were referred to the intersection with modern medicine demands the explanation of the difference between medicalization and its branch, medicamentation: “one of the branches of medicalization has to do with to the increasing use of medication as a form of cure, relief or solution to the various issues

related to everyday life. This process has been called ‘medicamentation’” (Vargas & Campos, 2019, p. 85).

Thus, the topic requires a detailed and careful historiographic study, which is not the objective of this paper, but it is based on the assumption that the process of medicamentation, understood as the understanding in medical terms of situations not necessarily medical, is the background of a more specific process. This process is given materiality by the class of psychotropic drugs. In other words, there are some important nuances to be highlighted regarding the way in which emotions, reactions and psychological behaviors in general, or their excesses (or deficits), can be considered as medical problems. This is called *psychopharmacologization*.

If we go back a little further beyond this location of the increased the activity of *psychopharmacologization* since the last half of the twentieth century, this activity can be contextualized in the perspective of the medicalization of Western societies, a process started in the nineteenth century, entangled in the biopolitical plot in which Foucault (2008, 2014) situates the birth of modern medicine.

Started as a practice of social hygiene in Europe, medicalization focused on bodies to promote the ideology of health in the place previously occupied by salvation. The notion of salvation was inscribed in the pre-modern age, related to a religious hermeneutics. In place of the salvation rhetoric, clinical and social medicine were constituted, so that the categories of normalcy, abnormalcy and pathology began to dominate health discourses, particularly in medicine and public policies, in the wake of the configuration of what Foucault called the process of normalization.

Medicine must no longer be confined to a *body* of techniques for curing ills and of the knowledge that they require; it will also embrace a knowledge of *healthy man*, that is, a study of *non-sick man* and a definition of the *model man*. In the ordering of human existence it assumes a normative posture, which authorizes it not only to distribute advice as to healthy life, but also to dictate the standards for physical and moral relations of the individual and of the society in which he lives. (Foucault, 2014, p. 39)

This medicine makes the patient’s body coincide with the “body” of the disease in the encounter made possible by the characterization of the pathological anatomy. Any experience of illness is inscribed precisely in the location of the patient’s body space, so that being ill ceases to be an experience of narrative production originating in the patient himself to be understood as a dysfunction characterized by visible lesions in the body.

This contextualization is important because it situates the background that allows us to question when

and why the issue of medicalization-medicamentation-psychopharmacologization effectively becomes a question, a problem to be investigated. In this sense, the resonance of this study is corroborated by Conrad's investigation (2007), insofar as the author is interested in the social support of medical jurisdiction and the social implications of this development.

Instead of entering the field of a supposed medical colonization, highlighting the aspects that identify only the growth of the pharmaceutical industry, Conrad (2007) is interested in investigating to what extent tolerance to symptoms decreases, which causes the demand for psychiatric drugs to increase. There is a question about the passage and transformation of aspects of everyday life to the translation of definition in medical terms. Thus, Conrad (2007) contends: "'Medicalization' describes a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illness and disorders" (p. 4).

In this regard, the discussion about normalcy and pathology is necessary. Canguilhem (2014) organizes important coordinates concerning the boundaries between the normal and pathological domains. This problem gains consistency with the question regarding whether the characterization of the pathological state derives from a quantitative modification of the normal state. Criticizing in sharp terms the positivist model of interpretation on health and illness, the author relativizes the idea of a norm that could serve as a basis for these concepts to be delimited. Normalcy and pathologically, health and illness, must be understood within an interchangeable flow of complex processes that affect the totality of life and cannot be reduced to mere quantitative changes.

That is why the debate on the process of increasing medicalization starting in the 1950s, with the impulse of Psychopharmacology, requires another perspective. If a reading about emotions, feelings and behaviors in general were based on the notion of a chemical imbalance, a purely quantitative theory about normalcy and pathology is not enough to understand the phenomenon of *psychopharmacologization*. In this sense, the objective of this paper is to conduct a critical examination of the conditions of the increased demand for psychiatric drugs in contemporary times. We do not intend to exhaust the discussion, let alone to underestimate the beneficial effects that the medical, scientific and pharmacological fields have brought to society. Instead, we intend to contribute subsidies for an interdisciplinary dialogue of problematization. Thus, this study will be based on a genealogical reflection (Foucault, 1979) on some elements concerning this discussion.

The study coordinates are inserted in the problem of malaise at present (Birman, 2007), organizing this object of study within a proposal of social and, above all, political reflection. This debate is part of the making of a question posed to the

humanities about drug addiction. Besides, the question will be related to how the pharmaceutical industry works in the capillarization of the social fabric, having as a background the hypothesis that the relationship with the universe of drugs is part of a banalization of evil, a topic approached in political philosophy by Arendt (1999). Therefore, this study located on the edges of knowledge, not only medical and biochemical, but at the intersection with the knowledge of the humanities, as it requires a broad and social reading on the phenomenon of *psychopharmacologization*.

Psychopharmacologization of malaise

The reflection proposed here is based on the cartography of a specific social panorama. Without wishing to subscribe to a partisan view for or against drug use, we question a *diagnosis*, since the issue is also located in the medical domain. The diagnosis of intense drug use today is part of a cultural context that favors the emergence and offer of new drug types and is guided by the trinomial that Birman (2014) argues as being woven by the relationships between drugs, performance and the medicalization of existence, which is performed by the mediation of psychiatry.

In this track, it draws our attention that at the same time that we see a major pressure from society for the prohibition of illicit drugs, there is a silence about the growing use of psychiatric drugs, which is justified by the ideology of health and well-being that is conveyed. The idea of performing a thematization about drugs in general at present is, therefore, part of the identification of a *banality of psychopharmacological evil*. However, regardless of the identification of this paradox, it does not matter so much whether the drugs used are licit or illicit; The focus of our interested here is the growing demand for psychiatric drugs and the relationship with their use as it is increased by the pharmaceutical industry. An important point in this study is how much damage, instead of benefits, this machine can produce if it is not exercised critically.

The idea of the banality of evil is taken from Arendt's (1999) reading of Adolf Eichmann's trial of crimes committed by the Nazi regime. Eichmann was close to Hitler and one of the main responsible figures for the mass decimation of Jews in Nazi Germany. Two aspects in Arendt's record are particularly interesting. One of them is the surprise caused by a certain degree of coldness in his narrative when asked about the crimes. He was expected to be a horrendous, bloodthirsty creature, yet his demeanor and the way in which he spoke denoted a distance of such an expectation, as what was seen was a civil servant who replied that he was just doing his job and that he wanted to grow like any other worker.

Eichmann claimed that he was a mere instrument of the Nazi machine and was not responsible for beating

or killing people, therefore he did not feel guilty. By claiming that he was only carrying out orders, he described himself as a mere officer, a bureaucrat. This aspect triggered the reaction of those who were in attendance. The answer found by the restless spectators was that such coldness was typical of perverse monstrosity. The political philosopher Hannah Arendt also made this record, as she witnessed the moment as an envoy of *The New York Times* to cover the trial. And then the second record is made, in which Arendt formulates her construction on the banality of evil. For Arendt, the problem of evil arises not from a moral paradigm, but within a political perspective.

Understanding that he was performing his bureaucratic role within a system, Eichmann does not come into contact with the reflection of his action in the world, and disregards its effects. This fuel is a resource used to promote bureaucratically organized mass culture, in which criticism and self-criticism are not executed, only obeyed. Then the problem of evil becomes trivial.

Thus, the propagation and consolidation of the problem of *psychopharmacologization* in the present culture is bolstered by the need to perform, and the scale of the excess of psychopharmacological drugs can turn into an evil if the criticism that guides their use is suppressed, and the banality of psychopharmacological evil can be located there. There is a mutual relationship between supply and demand catapulted by a pharmaceutical industry that produces a pill for neurochemical regulation with the goal of neutralizing the emotional effects arising from the instability experienced in certain situations of everyday life.

The background of this overview is located in the impossibility of experiencing what Han (2017) calls negative. According to the Korean philosopher, there currently is an excess of positivity, which is arguably the equivalent of generalized hyperactivity. It is no coincidence that one of the most prominent disorders today is attention deficit/hyperactivity disorder (ADHD).

In the logic of ADHD, there is an excess of activity. The idea is that everyone should be productive and performance-driven, and those who do not fit into these demands are relegated to the limbo of pathologization. Thus, emotional experiences and fluctuations are easily susceptible to being described as psychopathological, and when this is the case, a psychiatric drug is offered to neutralize the effects of that disorder. Therefore, based on the logic of supply and demand for consumption, the effects of excessive *psychopharmacologization*, with the exception of when it is a necessity, becomes cloudy, which brings in the perspective of the *banality of psychopharmacological evil*.

The need for performance today is supposedly based on the continuity of what Lasch (1983) called in the 1970s the *culture of narcissism*. In this culture

broth, individuals have the need to be in the center of attention, instigated by the logic of self-centeredness and competitiveness. Individuals feel inferior to the impositions of unbridled proactivity, which justifies the significant increase of so-called depression today. Therein lies the triumph of the project of a pompous pharmaceutical industry, which sells hope in an object guaranteed to restore the individual potentialities of those who are “fatigued of being themselves” (Ehrenberg, 2000).

The understanding of neoliberal logic is essential for arranging the coordinates of the social historical context of today, understanding this logic to be the counterpart of the social welfare State established after World War II. So-called postmodern society (Bauman, 1998) went into a process of deconstruction and was replaced by the market. In this imbroglio, Birman (2014) understands that the notions of citizen and popular sovereignty, which characterized modernity, were replaced by the consumer, and the transformations show that the current neoliberalism is not designed to be a return of nineteenth century liberalism.

Thus, a society turned into a market imposes a constant risk on individuals, who often need to be on the move, operating as if they were entrepreneurs of themselves (Foucault, 2008). Therefore, the current *psychopharmacologization* is a fertile soil insofar as psychiatry emerges as a powerful device that acts on bodies, in the regulation of individual and social malaise.

This process of *psychopharmacologization* of malaise was forged within neoliberal societies by the conjugation with the discourses of neurobiology and psychopharmacology. Based on a strictly physicalist view, these modes of discourse, supporting a totalizing interpretation of individuals, concern the reading of the body as a stage for processing “exteriorities” or, in other words, stimuli originating in the outside world. Therefore, suffering restricted to a reading of biochemical deregulation entails symbolic damage, rejecting the social historical aspect of illness and relegating to the limbo the relationship of the body with language (Forrester, 1983).

At the center of all this, compulsion gains a privileged status in the forms of subjectivation at present (Gondar, 2001), because it expands in its equivalence to the experience of addictions and expands to other objects. The body was turned into the stage on which malaise is unequivocally stated. One assumes that there is always something to do to increase body performance.

This is how the narrative of malaise nowadays is illustrated primarily by a state of permanent stress, indicating the pregnancy assumed in the record of the body that denotes the failure in the mechanism of signal-anxiety in the psyche, that is, a failure in the anticipation of an imminent danger. The greatest symbol of that is the intense return of what Freud called anxiety neurosis, the current panic syndrome (Pereira, 2008). This is

an example of how psychiatric drugs are encouraged as intenders of regulation of malaise manifested in the body. However, the body of today, isolated from its symbolic meaning, becomes subsumed into the organic dimension as the body is regarded as an epiphenomenon of what happens at brain level.

As a result, the ideal of health, well-being and eternal youth exerts a kind of fascination in users. This is closely articulated in the *marketing* ideal, which produces a constant demand for products and services to be consumed. This cannot be separated from Western medicalization practices, which began in the nineteenth century.

Pharmacologization of everyday profits

Having provided a context, our object is to highlight a few points concerning the silencing about the profusion of licit drug use. We do not intend to exhaust the debate about drugs, given that it is possible to analyze this major problem in multiple ways and levels, but we intend to offer some clues that indicate the ways in which the banality of psychopharmacological evil intersects deeply in the dynamics of today's life.

Historically, humans have always used substances that organically change their psychic dynamics. In the search for another relationship with the world by changing the biochemical organization of the body, understanding the universe of drugs has always been close to individuals in their relationship with reality. Since the late nineteenth century, experimentation with drugs has happened profusely and intensely in science, the arts and medicine, as Cohen documents (2014).

In the context of this atmosphere of drug experimentation, particularly in the nineteenth century, a growing interest in the development of drug experimentation is verified, both as catalysts for new perceptions of the world and for therapeutic purposes. The focus of the inquiry is the background of the social and historical variables that overlap in the organization of this diagnosis.

Vaz (2015) states that one way of estimating the differences between modern and contemporary subjectivity is the surprising incidence of mental illness today. There is a significant increase in the number of diagnostic entities, at a rate that allows individuals to be included in the category of "patients". The author states that more interesting than considering whether there really is a larger number of illnesses – because there is a different concept of illness in hermeneutics – is to wonder why contemporary society is not frightened by such a high prevalence of illnesses. There would be unrestricted agreement with the statement that we have a serious public health problem, trusting the institutions that made such a statement, which creates a logic that contradicts the assumption that deviants are the minority

in a society. Nowadays, the logic consists in regarding the majority as deviants.

the diagnosis of mental illness seems to have loosened its ties with the violation of rules, replacing them with the ties with the sensation of well-being. Or, if the concept of mental illness presumes that there is illness only when there is a deviation from societal expectation, in modernity such expectation was anchored in regular behavior; in the present, however, the socially induced expectation is to be happy as one should; therefore, to suffer, not to be as happy as one is entitled to, is a deviation, it means that one has a mental health problem. Hence the current relevance of illnesses such as depression, social phobia, post-traumatic stress disorder, general anxiety disorder etc. (Vaz, 2015, p. 55)

In modernity, anatomy has taken a privileged place with regard to organic illnesses. The field of mental illness, however, remained lacking in this organization, and was referred to the field of morality. A fertile field for the treatment of hysterical paralysis by hypnosis emerged in this area. If, on the one hand, the lack of an anatomical counterpart drove a wedge in the scientific community regarding these phenomena, healing by hypnosis was a way of defining a space for these modes of suffering, defining a space of mental illness.

The symptom thus became the organizer of the illness. This relationship existed in organic illness, but the same did not happen with mental illness. In this sense, Vaz (2015) points out that the dissociation between symptom and anatomical counterpart was what made it possible to "sell illness", using the idea of risk factor as a regulator in this relationship.

The constantly sought-after magic potion occurs in a context to which it is necessary to resume the reading by Borch-Jacobsen (2013). The author considers that his critical stance is not directed at drugs themselves, but rather against the industry that turns their use into a multiplier of profits. Drugs helped to create other conditions of treatment by expanding them. However, the nodal point refers to an exacerbation of the indiscriminate drug use and, more specifically, in the psychopharmacological field (Whitaker, 2002, 2010).

Borch-Jacobsen (2013) inquires about fact that drugs are not subjected to strict control, as there is not a demanding inspection in force on the risk-benefit ratio to avoid the risks of useless dangers. His finding is that such rigor is a fallacy and that a perverse character regulates the spread of psychiatric drugs. This is proved by the various scandals affecting the pharmaceutical industry, which lead us to wonder if they are exceptions or the norm. Borch-Jacobsen (2013) demonstrates with a number of cases that pharmaceutical scandals reveal a machine that targets the profits of companies: from cynical *marketing* to manipulated

laboratory research and trials, corruption involving health agencies and the weak system of what the author calls a *pharmacovigilance*. The scandals are, therefore, not isolated cases, but have an intimate relationship with a strategic industrial sector involving the pharmaceutical industry, characterizing what I call here the *banality of psychopharmacological evil*.

Borch-Jacobsen (2013) lists several cases of crimes committed involving the pharmaceutical industry, such as the drug for cholesterol control that made people's skin resemble crocodile skin. More specifically with regard to psychiatric drugs, in the case of the famous Prozac⁴, the author demonstrates that for decades there have been cases of suicide of people who used the drug. One of the selling points of Prozac was the claim that it had no undesirable side effects, unlike first and second generation antidepressants.

Despite many lawsuits against the laboratory that produced Prozac in late 1991, the laboratory's defense alleged that suicide and hostile acts reflected patient issues and not a causal relationship with selective serotonin reuptake inhibitor (SSRI) antidepressants. It took almost a decade for a study to conclude that the administration of Zoloft, an SSRI antidepressant from the Pfizer company, could provoke suicidal thoughts.

However, documents revealed that as early as 1978, ten years before the commercialization of Prozac, Eli Lilly, the company that produced it, had studies that found that in some people the drug caused reversal of deep depression into intense agitation and even development of psychosis. Even so, by a series of agreements and legal loopholes, mandatory mention of the possibility of contraindications allowed the company to continue producing the drug.

Indeed, contrary to what is propagated by neoliberal ideology, the interest of companies does not coincide with the public interest. In fact, there is a permanent conflict of interest in that the primary objective of pharmaceutical companies is not to protect the health of populations, but to secure the highest possible return on their investments for their shareholders.

The pharmaceutical industry is not necessarily concerned with people's health, but, above all, with their profits. Proof of that is that the vast majority of drugs currently available on the market in developed countries are not the ones for curative therapy, but the ones intended to prevent a deterioration or to ensure the proper functioning of the body and optimize body performance.

The result of that is that the patient becomes a client: he is loyal, bound to his medication. There is thus a kind of witch hunt over the rates of hormones and chemical elements of the body that may be unregulated. This movement is favored by the high availability and sophistication of laboratory and body imaging techniques. This witch hunt results in a movement in which the slightest sign of organic imbalance is tracked, often by increasingly thorough examinations.

“Lifestyle drugs” – literally, “*médicaments style de vie*” that we will translate as “*médicaments qualité de vie*” (quality of life drugs) – are drugs that do not aim to cure an illness that endangers a person's life, but to increase their well-being or comfort: anxiolytics and “tranquilizers” of all kinds, drugs against excess weight, gastroesophageal reflux or menopausal heat attacks, sleeping pills, painkillers. “Stimulating drugs” are substances aimed at “improving” the body and its performance. This includes doping sports products and psychostimulants used by students to pass their exams, synthetic human growth hormone or hair loss treatments... And what about Viagra? It is used simultaneously by some to remedy “erectile dysfunction” and by others – the vast majority – to enhance sexual performance. Ultimately, it is no longer a question of healing anything, but of optimizing well-being and body yield, exactly as one optimizes crop yield with fertilizers and pesticides. (Borch-Jacobsen, 2013, p. 81, our translation)

Inserted in politics and allied to certain researchers and research groups, the pharmaceutical industry engages in the formulation of some drug asset that virtually drives away the ghost of the illness. As a result, the boundaries between normalcy and pathology remain very tenuous, and the drug market grows wider. The case of erectile dysfunction is an example of drug intervention in different areas of life, in this case, the process of medicalization of sexuality (Giambi, 2009).

In the combination of drug production with theoretical and scientific legitimation, support is provided by psychiatry manuals, which confer a ratification that is favorable to the production of new illnesses. As an example, we can cite the work of Gonçalves, Dantas and Bonzato (2015), who state about attenuated psychosis syndrome (APS) that “the members of the Work Group on DSM-5 psychotic disorders were not giving due consideration to the many dangerous consequences that could arise if this category were made official” (p.140).

This debate on psychiatry manuals is addressed by Russo and Venancio (2006), who argue that the first version of the DSM, from 1952, was based on a “psychosocial” understanding of mental illness,

4 In the study, Borch-Jacobsen (2013) shows that after the arrival of Prozac (fluoxetine), by Eli Lilly and Company, on the market in the late 1980s, tens of millions of people worldwide have consumed SSRI (selective serotonin reuptake inhibitors) antidepressants, whether Prozac, Zoloft, Paxil, Luvox or Cymbalta. In the United States, consumption of antidepressants increased by 400% between 2005 and 2008.

conceived as a reaction to life's problems and situations of hardship that affect individuals. The influence exerted by psychoanalysis was shown by the frequent use of notions such as "defense mechanisms", "neurosis" and "neurotic conflict".

In the subsequent version of the manual published in 1968 – the DSM II – the psychoanalytic mode of understanding mental disturbance became even more prominent. It is seen as the visible expression of a hidden psychological reality to be interpreted in the course of diagnosis or treatment. Despite increasing the number of diagnoses, it remained in use more as an instrument for administrative purposes, without much clinical relevance. This was the first version to have a section dedicated to behavioral disorders in children and adolescents. It also featured a new section focused on describing sexual deviations, including homosexuality in the list of mental disorders, which caused much controversy and protest by gay groups.

When the third version was published in 1980, there was a departure on three levels, which were articulated among themselves: at the level of the conceptual structure, it departed from the eclecticism of the classifications, in addition to the departure, in this version, from reference to psychoanalysis. This discourse, which provided the epistemic coordinates in the early versions, was replaced by a more scientific code. The idea is that the DSM would not suffer the influence of any theoretical aspect that could arguably tarnish its neutrality, so it was hailed as a non-theoretical manual, based on principles of testability and verification in which each disorder is identified by criteria accessible to observation and empirical measurement. The empiricist assumption implicated in a "non-theoretical", therefore objective, position has clear affinities with a physicalist view of mental disturbance.

One of the main consequences of this departure was the abandonment of the concept of symptom as a signal and its definition as such. The empiricist assumption left aside hermeneutics of symptoms to focus on the diagnostic task of careful observation of behaviors and attitudes. This perspective sets in motion an unequivocal expansion of the number of diagnostic categories, and it directly favors the production of drugs, since for each category and its derivatives new drugs are supplied. This movement has expanded increasingly and reached its targets earlier.

An emblematic case in point can be seen in the drama of adults, but also of adolescents and even children, consuming more and more psychiatric drugs indiscriminately (Azevedo, 2018). Children are being diagnosed and medicalized early, lured by the need for action and school performance. This is already a model that announces the project driving individual pressure and competitiveness in the organization of social and economic contingencies of productivity and proactivity, bound as they are to the neoliberal world.

Final considerations

This paper has been a non-totalizing attempt to insert in the problem of the interface of today's neoliberal economic logic with the production of new ways of being in the world. This critical exercise was guided by the question of the interweaving of the pharmaceutical industry supply, with particular emphasis on psychiatric drugs, and the demand for new biochemical instruments that have an impact on the ideal of increased performance and power of individuals.

This process began within the perspective of the phenomenon of medicalization of life. The complexity of the topic was addressed inasmuch as it reaches many levels and dimensions of life today, and in all age groups and genders, moving to the psychopharmacologization of sex life. Due to the extension to several fields of the living and society, this phenomenon demands broadened perspectives of critical analysis and understanding.

It is not an accident that there is a diagnostic inflation, as DSM-IV editor Frances (2013) reports. By recognizing the power of action in the expansion of psychiatry, the author underscores the strong impacts, especially in childhood:

Even though we had been boringly modest in our goals, obsessively meticulous in our methods, and rigidly conservative in our product, we failed to predict and prevent three new false epidemics of mental disorder in children - autism, attention deficit and childhood bipolar disorder. That is, it is clear the power of production of modifications in the ways of thinking and acting on mental suffering, reaching, to the limit, the increase in the prevalence of certain clinical conditions due to the change in the criteria of each new edition released. (Frances, 2013, p. XIV)

The idea was to point out an important axis in this problem, which was called the *banality of psychopharmacological evil*. This is because the optimization of this logic finds fertile soil in the lack of reflection on the harm caused by this logic itself. Therefore, by decentering the question of a purely medical optica?, but shedding light on the tensions inherent in diagnostic and pharmacological productions, this study intended to be situated in a line of sociological criticism about the phenomenon.

In conclusion, there is an important aspect to be highlighted which has to do with the enlightening of certain regions of scientific production that deserve a close look. Shedding light can imply the need for a more complex look, because more light reveals more details to be seen. Far from questioning scientific production, the idea here was precisely to provide more elements

and tensions inherent to the field of science, so as to contextualize it.

This aspect concerns the fact of knowing if the relationship between the supposed benefits and risks of psychiatric drugs is positive. Many years of testing are needed for that, which is not done in many cases, or the difference between the drug and placebo is not significant (Kirsch et al., 2008). The problem does not cease to worsen, since the drugs with the greatest business potential are the ones used in chronic therapy.

The benefits of using psychiatric drugs, if organized so as to respect psychodynamic limits, can be numerous, from the appeasement of anxiety to the possibility of subjective organization. For that

to happen, there needs to be an immersion of the psychodynamic understanding of subjectivity. However, the effects of the *banality of psychopharmacological evil* are severe in that the thresholds between normalcy and pathology are attenuated, or even erased, and as a result the distinction between the processes of health and illness are clouded.

The extent of the excess of psychopharmacological drugs can cause avid consumers to develop a loyal behavior to a pill that placates their malaise. And this machine is fed by a created need, and often with a nosographic equivalent available in psychiatry manuals. As Derrida (2015) recalls, the Greek word *pharmakon* can mean both “medicine” and “poison”.

A banalidade do mal psicofarmacológico em tempos de performance

Resumo: Este artigo tem por objetivo percorrer um caminho que parte da identificação do fenômeno da medicalização da vida. O estudo será organizado dentro de uma perspectiva genealógica, na medida em que é importante localizar que este objeto de estudo não se restringe apenas a uma questão médica, mas exige um esforço de articulação com outras áreas do saber. Assim, esta genealogia articula questões médicas com a crítica social acerca desse fenômeno, aliando medicina, sociologia, psicologia, economia e teoria política. O desenvolvimento será organizado tendo como pano de fundo as exigências de autonomia e performance na atualidade, no contexto do aumento da demanda psicofarmacológica. Se os benefícios da administração medicamentosa podem propiciar bem-estar subjetivo, por outro lado, os excessos ou a banalidade do mal psicofarmacológico tornam opacas as fronteiras entre o normal e o patológico.

Palavras-chave: psicofarmacologização, performance, neoliberalismo, indústria farmacêutica.

La banalité du mal psychopharmacologique en temps de performance

Résumé : Cet article retrace un chemin qui commence par l'identification du phénomène connu sous le nom de médicalisation de la vie. Puisque cet objet d'étude n'est pas seulement une question médicale, nécessitant une articulation avec d'autres domaines de connaissance, l'étude propose une généalogie qui articule la critique médicale et sociale sur ce phénomène, en combinant la médecine, la sociologie, la psychologie, l'économie et la théorie politique. Cette tapisserie est tissée sur fond d'exigences actuelles d'autonomie et de performance, dans un contexte de demandes psychopharmacologiques croissantes. Si les bénéfices de l'administration de médicaments peuvent procurer un bien-être subjectif, les excès ou la banalité du mal psychopharmacologique, en revanche, brouille les frontières entre normal et pathologique.

Mots-clés : psychopharmacologisation, performance, néolibéralisme, industrie pharmaceutique.

La banalidad del mal psicofarmacológico en tiempos de performance

Resumen: Este artículo pretende seguir un camino que parte de la identificación del fenómeno de la medicalización de la vida. El estudio se organizará dentro de una perspectiva genealógica, debido a la importancia de conocer que este objeto de estudio no se limita a un tema médico, sino que requiere un esfuerzo para articularse con otras áreas del conocimiento. Así, esta genealogía articula la problemática médica con la crítica social sobre este fenómeno, combinando la medicina, la sociología, la psicología, la economía y la teoría política. Esta trama se organizará en el contexto de las demandas de autonomía y desempeño de la actualidad, en el contexto de una mayor demanda psicofarmacológica. Si, por un lado, los beneficios de la administración de medicamentos pueden proporcionar un bienestar subjetivo, por otro, los excesos o la banalidad del mal psicofarmacológico hacen que los límites entre lo normal y lo patológico sean opacos.

Palabras clave: psicofarmacologización, performance, neoliberalismo, industria farmacéutica.

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