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**MEDICALIZATION
OF LIFE: CRITICAL
THINKING OF HEALTH
ACTION FROM THE
MEDICALIZATION OF
LIFE**

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Abstract: This article aims to think about different aspects that surround the phenomenon of medicalization, considering the health-disease process and the pathologization of life. The theoretical construction was based on critical perspectives that questioned attitudes and ways of thinking about the medicalization/pathologization of life, which are crystallized in society in the form of its most diverse norms for classifying health and normality. The process of medicalization/pathologization of life is growing not only in Brazil, but throughout the world, a topic that needs to be discussed with due caution so as not to spread practices linked to medicalization. For this study, a bibliographical review was carried out, with the purpose of obtaining and analyzing information in a qualitative way, presenting discussions thinking about the performance of the various areas of health, including psychology, where medicalization is delineated and defined, addressing aspects aimed at criticism social control, health and disease processes and the capitalist system as having a strong influence on the processes of medicalization/pathologization.

Keywords: Medicalization; Pathologization; Normal and Pathological.

INTRODUCTION

This article was constructed with the purpose of obtaining more information about health and disease processes, as well as the normal and pathological processes, with regard to the role of psychologists and other professionals in the health area, the social and political context. blaming the individual, the indiscriminate use of medication and supposed medical knowledge.

For this research, the qualitative method was used, in order to obtain and analyze information through a theoretical framework, therefore, preparing a bibliographical review. To review the literature on medicalization,

different articles were used with themes such as medicalization, demedicalization, pathologization and depathologization, thus covering different perspectives. The one chosen for this article was the one that approaches the definitions of pathologization, involving critical thinking about health practices and social phenomena treated as individual.

Demedicalization has a broad field of meaning, ranging from cultural processes, the pathologization of life, behaviors and ways of operating in the world, to directly reaching the pharmaceutical industry. It is presented, in the theoretical framework, the processes of health and disease, from the past to the present, still a theoretical clipping of Foucault, with social control, which is the idea in which medicalization came to be elaborated. From Conrad, the idea of normal and pathological will be approached and, finally, how the pharmaceutical industry is important for the maintenance of the movement of medicalization of life.

It must be noted that the intention of this bibliographical study is not to generalize and blame the actions of medical and health professionals, much less to devalue their knowledge. What is proposed is to (re)think the indiscriminate use of methods offered by the field of medicine. The important contributions of medical and pharmaceutical research must be recognized with regard to health promotion, prevention and care, as well as specific drug treatments and their benefits.

The perspective of this study turns to actions that promote social control, the propagation of stigmatizing and excluding ideologies, which, in a way, end up benefiting the economic system and its productions more than the physical and mental well-being of individuals.

Pathologization, according to Untoiglich (2014), is a process that transforms aspects

inherent to the human being into pathologies, which, as deviants, must be avoided or corrected. The author also raises questions, such as the characteristics of sadness, childhood restlessness, shyness and adolescent rebelliousness, as part of this pathologization process.

In this context, it can be said that there is a constant pathologization of ways of being, so that there is the creation of normative standards of behavior, which, in turn, ends up giving rise to more and more nosological classifications for each type of behavioral deviation. And, following this logic, therapeutic interventions also appear, mostly medication as a form of treatment.

Similarly, medicalization, which in Conrad (1992) is defined as the fact of establishing problems in medical terms, using medical language and vision to understand such problems, or even using an intervention in the field of medicine to treat them., in short, all problems that end up being defined by means of medical techniques. The author also mentions the possibility of treating a “social” problem with a form of medical treatment, prescribing a drug treatment, such as antidepressants, for unhappy individuals, for example. And once again, among the paradigms for medicalization, as well as for pathologization, now in Conrad (1992), standard deviations are cited, such as madness, homosexuality, hyperactivity and childhood learning difficulties, and the simplest and most natural Vital processes are also treated through medicalization, as in the case of sexuality, childbirth, child development, premenstrual tension (PMS), menopause and death.

THE HEALTH AND DISEASE PROCESS

In 1947, the World Health Organization (WHO) defined health as “a state of complete

physical, mental and social well-being and not merely the absence of disease or infirmity”. This concept was expanded in 1986, at the VIII National Conference on Health in Brazil, which came to understand it as “resulting from the conditions of food, housing, education, income, environment, work, employment, leisure, freedom, access and possession of land and access to health services”.

According to Vianna (2012), “the health-disease process is directly linked to the way in which human beings, throughout their existence, have been appropriating nature to transform it, seeking to meet their needs”. Therefore, it is understood that throughout history there has not been a single concept of health, but forms that this concept assumes according to the contexts that crossed it.

Health here, as we understand it, in terms of knowledge/power relations, does not act on the individual, but on his action. Thus, when health is defined as an integral, plural issue, in the eagerness to integrate, to make the subject indivisible, complete, one is not acting on the individual, but on the relationship, the actions that he establishes with himself and others in terms of care and comprehensive attention. (MEDEIROS et al, 2005, p.264)

The concern with health accompanies man since the most remote times, as well as disease. During the Paleolithic period, diseases, not understood as a result of everyday activities, were explained by supernatural actions of gods, demons and evil spirits. This magical-religious thinking was responsible for the early development of medical practice.

In other cultures, the role of healing was reserved for initiated beings, such as shamans and shamans. In inheritance, in addition to the pharmacopoeia, they left us an understanding of the individual in an integral way, where he valued the bonds between healer and patient, considered fundamental for the healing process.

Breaking with superstition, rational explanations emerge:

More than dealing with health problems, they sought to understand the relationship between man and nature. Among these concerns was the explanation of health and disease as resulting from natural and non-sacred processes. (BATISTELLA, 2007, p31)

Considered the “father of medicine”, Hippocrates was one of the most important figures in the medical context, as he corroborated by formulating a system of medical theories, brought concepts such as epidemic and endemic, a focus on disease prevention, health education, hygiene and basic sanitation.

In the Middle Ages, a time marked by intense epidemics, Christianity affirmed the existence of a connection between illness and sin, stating that illness represented a passage to the purification of the soul. With that, the disease became a punishment from God and their care must be done by the church.

Social medicine emerges in the context of commercial expansion, with an increase in industries and emerging capitalism. Work becomes the central concern of the government, which directly influences public health. Foucault (1982), sees the formation of social medicine in 3 stages: state medicine, urban medicine and workforce medicine, which, in all, function as an instrument of standardization. With the Poor Law, English medicine became social, began to assist and authoritatively control the poor, and a cordon sanitaire was implemented that established control over the worker’s body in order to make him more fit for work and offer less risk to the rich classes.

Modern medicine emerges and then, from the development of the capitalist economy, becomes a social practice, transforms the individual and his body into a workforce, aiming to control society. The investment on

the individual took place through biological action, and later, ideologies were controlled. About this Foucault brings the concept of biopower, control over bodies, and later biopolitics, to deal with control over the population.

At the end of the 19th century, the hygienist movement emerged, with proposals to teach new habits to the population, but focused on the interests of the dominant classes. It was based on Eugenics, a theory that seeks to improve the genetics of the human race. For Jurandir Freire Costa (1979, 1989), “eugenic prevention was intended to form a mentally healthy Brazilian individual. But this Brazilian must be white, racist, xenophobic, puritanical, chauvinist and anti-liberal”.

At the beginning of the 20th century, the vaccine revolt took place in Rio de Janeiro due to the coercive, authoritarian and violent vaccination campaign, as a consequence, the population engaged as subjects in health, in order to rethink the functioning of health services.

Faced with the challenge of facing this control, the subjects’ autonomy is discussed, understood as responsible, critical, active and independent regarding their own health and care.

Subject in health: the search for the construction of capable and autonomous subjects progressively in assuming responsibility and in acting on themselves, their environment and their close ones with their own resources of interpretation regarding health problems, in the sense of forging alternatives to the movement experienced by the contemporary Western culture of alienation of subjects in relation to their health, illness and suffering. (TESSER, 1999, p.100)

PATHOLOGIZATION OF LIFE: DISCUSSIONS ABOUT THE NORMAL AND THE PATHOLOGICAL

Discussions about normal and pathological, as well as health and disease discussed above, assume different meanings according to the reflections of the time in which they are found. It is noteworthy that, the pathological character was always given to the deviant aspects, what is different from what is found in the majority, ends up removing the subjectivity and individuality of the subject.

The pathologization brought to the discussions of this study permeates the illness of the psychic structure, and this is called the pathologization of life. The movement is characterized by codifying and framing the subjects to norms of conduct, so that everything that is typical of the natural human character is characterized as some kind of mental disorder.

The main characteristic of the new epistemological configuration of psychiatry is that it medicalized not only the disease, but also health itself, appropriating the entire non-pathological universe. Thus, everyday facts began to be identified as the cause of degeneration, thus engendering a kind of new regime, which is none other than the medicalization of the social (SANTOS and DIONISIO, 2013, p.1-2).

The etymology of the word normal, as mentioned by Canguilhem (2009), derives from the Latin, *norma* refers to square and *normallis* means perpendicular, therefore, “a norm, a rule, is that which serves to rectify, set up, straighten” (CANGUILHEM, 2009, p. 109). Still, it defines normalizing as placing demands on everything that is different from the requirement, considering it as a hostile, strange element that must be controlled and modified.

For Foucault, in power relations, there is always a subject and a subject, transposing

this relationship to the pathologizing and biopower idea. It is understood that in this relationship of the medical subject, as the holder of all knowledge and control over the bodies and subjects, the population submits without assuming a questioning position to what is imposed.

Based on Pagni (2017), the author talks about ETHOS, as a way of inhabiting the world, and the ethical exercise of respect for differences. Deviant ways of life do not have their Ethos respected, since they deviate from the standard, and with that the normative policy tends to reprimand the “problem characters”. These subjects who are not subject are likely to be framed in some pathology and be medicalized to follow the current norm of behavior.

The creation of norms generates different forms of control, it is important to aspire to a more ethical and reflective position of professionals working in health, in order to be prepared to receive these other forms of life, beyond the normative logic.

MEDICALIZATION IN FOUCAULT: BIOPOWER

Foucault (2015) mentions that in the period of industrial development, with the Law of the Poor, medical control arises, since the financial condition did not allow them to take care of their health conditions, so there would be this assistance, which, however, would serve as a mask for social control, since this way the state and the richer classes could guarantee their protection against the epidemic evils that the poor class could bring.

There is then the emergence of “a medicine that is essentially a control of the health and body of the poorer classes to make them more able to work and less dangerous to the richer classes” (Foucault, apud Zorzanelli and Cruz, 2017). The power of medicine in controlling individuals makes them more useful and

productive to offer their workforce to the state, and less “dangerous”, without questioning, just reproducing what is passed on to them. Keep the population healthy so that it can produce more and not just be an expense for the state.

“Indefinite medicalization”, mentioned in the text by Zorzaneli and Cruz (2017), which refers to a moment when medicine began to occupy all vital aspects, everything could be defined and explained within the body’s relationship with medicine. And it is in this relationship that medicalization is inserted in Foucault’s biopower. Its development can be divided into two parts.

The first in the seventeenth century, where the striking idea of the capitalist economic system permeated, of the body as a production machine, and that then this must be an exploited body and with interest only in its workforce, which is the main source of contribution to the system. That is, as stated by Zorzaneli and Cruz (2017), there was a need to have a body that was trained, docile, focusing only on production. The second part of the development of biopower in this context began in the following century, the 18th century, when the state’s interest turned to the biological processes of the body, of the living being, to aspects of life itself.

Finally, the combination of these two aspects of the 17th and 18th centuries is what characterizes biopower. Combining the performance of the body with the potential to offer the workforce and the vital processes as important points for having control over life, over bodies (ZORZANELLI and CRUZ, 2017). In other words:

Biopower, therefore, consists of a set of state practices instrumentalized through power techniques that seek to exercise control over individuals and populations[...] (SOARES, 2013)

Still in Foucault, (apud Furtado and Camilo, 2016), there are two powers involved

in the production of subjectivity. The totalizing power, which brings the massification and bureaucratization of society, and the other as a complement to this power, are the individualizing techniques, where there are the knowledge and practices that guide the way of being and acting of individuals. That is, it is understood that they are guided by threats of control and subjection to their Ethos, their way of life.

Among the medicalization practices associated with the exercise of biopower in society, Foucault (Apud. Furtado and Camilo, 2016) highlights 4 events:

First, from the guarantee of state functioning, with the interest of applying medicine practices in the population in order to make it more potent for production. Then medicine more focused on society, with hygiene and sanitation practices, with an interest in transforming the population into healthier beings, and thus continuing to produce for the system. After that, the vision of the hospital as a place with therapeutic action, endowed with disciplinary mechanisms, emerges. And then the control of medicine over data on the health and illness of the population (FURTADO and CAMILO, 2016).

In short, biopower and medicalization practices are linked to each other as both demonstrate social control, this control over bodies and how they must or must not act within society. Which ends up dialoguing with issues of health and disease, the normal and the pathological, since control takes away the power of action of individuals over their own health condition.

CAPITALISM AND THE PHARMACEUTICAL INDUSTRY.

By pathologizing sadness, important knowledge about the pain of living is lost. For those who suffered the shock of a major death, an illness, a serious accident, the

medicalization of sadness or mourning robs the subject of the necessary time to overcome the shock and build new references, and even other norms of life, more compatible with the loss or eventual disability (KEHL, 2009, p.31).

According to Machado & Ferreira (2014, p.136):

The phenomenon of the medicalization of life is latent in contemporary society. In its bulge is the accelerated growth of the pharmaceutical industry, allocating the production of medicines as the second most profitable sector in the world, as well as the second in concentration of capital, competing only with large international banks (SANTOS & FARIAS, 2010; St-Onge quoted by LORENZO & GARRAFA, 2010).

In this context, we can understand that the pharmaceutical industry has a close relationship with the identification of new diseases, investing in marketing strategies, CID/DSM funding for the creation of new pathologies, thus making it possible to diagnose what must be natural. As a result, society is encouraged to look for drug solutions, making the pharmaceutical industry the second most profitable in the world.

According to Aguiar and Ortega (2017, p.902): This financing of the pharmaceutical industry for biomedical research generates conflicts of interest between physicians and researchers, which has led to a significant weakening of public trust (ANGELL, 2007; GRANDE, 2010; GREEN et al., 2012, WAZANA, 2000)

Indeed, from the moment that psychiatry acquires the possibility of relating any deviation, irregularity, retardation, to a state of degeneration, from then on it will conquer a possibility of indefinite interference in human behavior (FOUCAULT, 1999, page: 298). Quoting Machado & Ferreira (2014, p.136):

Among these, psychotropic drugs are at the top of the pyramid, allied to the multiplication of diagnoses and the constant

appearance of new syndromes in the field of contemporary psychiatry, for which humor drugs are increasingly indicated, with the promise of correcting the supposedly deviant psychic states.

Health is desired by all individuals, and this is what capitalist production works on, promoting the idea that it is always possible to turn desire into reality through consumption. With this, it is understood that it is possible to achieve health through the medicine, then starting to be seen as a commodity. The way of transforming a factor that is often social into an organic one, being biologized and scientifically effective, allows the medicine to be treated as such. Cordeiro (Apud Lefèvre, 1983, p. 500) elucidates how the symbolic function of medicines is presented, when he states that:

Medicines take the place of symbols and representations that obscure the social determinants of diseases, deceive individuals with the appearance of scientific efficacy and, as a commodity, realize value and guarantee the accumulation of one of the most profitable segments of industrial capital.

This same capitalist production that promotes normative standards, develops the magic solution for deviants, the pills, and makes medicine the symbol of health. According to Lefevre (1983):

The symbolic function of medicine presupposes that illness is considered an organic fact, confronted through the medicine commodity, which is seen as the only scientifically valid way to obtain a highly desired value (health), in the context of an immature society.

The pharmaceutical industry creates a self-sustaining process, which consists of transforming the natural emotions of human beings into “solution capsules”, in this case psychotropic drugs, so that they can become merchandise. And through this commodity,

significant profits can be made, which, from another point of view, is an ever-increasing de-potentialization of the subject's ability to deal with life.

As in the field of genetics, biological psychiatry and the neurosciences give rise to new practices for regulating life and spaces of tension. The development and dissemination of drugs that modulate mental states strengthen the link between the pharmaceutical industry and psychiatry, generating a large and lucrative "trade in madness" (Jones quoted by Rose, 2013, p. 306). Within it, the boundaries between normal and pathological become obscure, multiplying diagnostic categories and behaviors subject to medicalization with each update of official medical manuals.

Social control, a concept from sociology understood as the control exercised by influential figures, in this case the doctor, is often accompanied by repression, mainly of behavior and the way of seeing and thinking about the world. Conrad (1992) mentions that it is possible to control what will be considered standard and deviant, and thus control the bodies so that they standardize according to what is expected. And having all these definitions written in definition manuals, for example, such as the CID and the DSM, is what enables greater reliability, making what is defined there unquestionable, influencing social control.

Medication interventions have a social function, they are capable of labeling and excluding individuals, since from the moment a person needs a medication to be able to remain productive, he is soon seen from the point of view of the pathology he has (LEONARDO, SUZUKI, 2016). Even individualization entails the problem and the blaming of the individual, the social problems that brought some deviation to this subject are totally ignored.

Still on social control, for the capitalist

system, which is interested in productive individuals for economic growth, control is necessary, and for that, there is a purely economic interest in keeping bodies healthy. Leonardo and Suzuki (2016) postulate:

For capitalism, social control is a key aspect of meeting market demands. Thus, controlling the behavior of individuals goes beyond the most superficial need to address behavioral and learning problems.

The idea of treating deviations with psychology is conflicting, because to what extent is psychology's performance really liberating individuals? It is always necessary to seek to have a critical character, taking care with so-called neutral postures, especially with regard to political issues, allowing oneself to be used by individuals' models of normalization. Without forgetting the importance and influence that subjective and individual internal and external aspects of each subject.

FINAL CONSIDERATIONS

Therefore, it is understood that the classifications of health and disease, normal and pathological, which guide the acceptable standards of behavior, are forms of control. Control this call for social control that arises from the power to define certain behaviors, personalities and thoughts, separating them between normal and deviant. Therefore, this way we can control the bodies so that they pattern according to what is expected. Thus, it is possible to say that pathologization, being part of the processes of normalization of life, framing and, therefore, stigmatizing the various aspects of human life, are part of this social control.

There are many challenges and possibilities for coping with the medicalizing logic, since it is perpetuated at different levels and aspects within contemporary society, mainly. Knowing that every citizen is a

potential patient, it is necessary to broaden the discussions about models of care in order to enrich the knowledge and practices of/in health, in favor of life and autonomy of the subjects. This is the challenge of resistance

that must exist within health teams. Resist the medicalizing logic taught in undergraduate courses, resist the imposed stigmas and resist the normalization of deviant ways of life.

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