

SEVEN

PUBLICAÇÕES ACADÊMICAS

PRINCIPLES AND CONCEPTS
FOR DEVELOPMENT
IN NOWADAYS SOCIETY

Mauro Pinho
Marco Antonio Schueda
Danielle do Rocio Brostulin
(Book organizers)



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Enjoy your reading!

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SUMMARY

Underwater pulsed ultrasound in animal model osteochondral injury



Danielle do Rocio Brostulin, Mauro Pinho and Marco Antonio Schueda

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Remdesivir: a strategy to confront the COVID-19 virus



Grasiela Bessa, Michele Alcântara de Castro, Ramila Barbosa Ferreira dos Santos, Murillo de Sousa Pinto and Aroldo Vieira de Moraes Filho

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COVID-19 Vaccines: A Literature Review



Alexander de Sa Vilela Filho, Breno Menegale Bianchetti, Carolina Malard Peixer, Matheus Santos Cordón, Mayara de Oliveira Felipe Rocha and Vinicius Cardoso Ribeiro Vasconcelos

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Evolution of the acute uveitic phase in Vogt-Koyanagi-Harada Syndrome



Gustavo Coelho Caiado, Rodrigo Crispim Dompieri, Valéria Barcelos Daher and Valeriana de Castro Guimarães

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Medicalization and governance of vital processes: Biopolitical and subjective implications in a discursive key

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ABSTRACT

The paper addresses the biopolitical and subjective implications of the medicalization and pathologization of vital processes. These phenomena are included in the articulation of bio-political technologies of the government of the bodies and non-political technologies of the government of the signs, attending to the subjective effects they produce. The body, health, and life are conceived in a complex perspective that considers both the corporeal materialities that manifest symptoms and discomforts and the discourses, imaginaries, and subjective constructions

that cross them. The article assumes the dual purpose of consolidating a theoretical approach in the philosophical, sociological, and semantic key of these phenomena, and at the same time providing an empirical analysis of how the discourses of medicalization are structured and circulate socially. A discursive perspective is assumed that emphasizes the significant construction of health care as a central problem that crosses the fields of Communication and Health and studies on life governments. An analysis of advertising speeches of pharmaceutical and dermo-cosmetic laboratories is developed, referring to vital processes such as pregnancy, childbirth, and aging, considered among the main "non-diseases" medicalized. The analysis allows us to illuminate significant operations related to health, well-being, body, life, discomfort, pain, and disease about the vital processes object of the inquiry.

Keywords: Medicalization, Pathologization, Government of life, Subjectivity, Social discourses.

1 INTRODUCTION

The problematization of the contemporary processes of medicalization undertaken in this work has the double purpose of consolidating a theoretical, philosophical, sociological, and semantic approach to these phenomena, on the one hand and providing empirical evidence on how the discursivity of the medicalization of bodies and the subjective effects it generates is structured and socially circulated on the other.

The theoretical-conceptual framework of the article is multiple. The medicalization and construction of diseases are approached in terms of governmentality, including in the articulation of biopolitical technologies and subjectivation (Foucault, 1996a, 1996b, 1996c, 2010) and a noo-politics oriented to the government of signs (Lazzarato, 2006). A communicational and discursive perspective is adopted that brings to the fore the significant construction of health care as a central problem of the field of Communication and Health (Rodríguez Zoya, 2017); considering particularly the effects of subjectivation of media discourses (Silva and Navarro, 2020), such as advertising. In addition, the development of the topics covered in this article echoes the notion of complex problems as the cornerstone of any problematization exercise (Rodríguez Zoya and Rodríguez Zoya, 2019).

The theoretical premise that supports the work maintains that the problematization of medicalization requires conceiving the body, health, and life as complex entities, woven by meanings and discourses that condense into imaginaries and social *ethos*; subjective positions tensed by beliefs, desires, demands, concerns, discomforts and ideals of health and well-being; as well as by the materiality of the bodies themselves in which symptoms and well-being manifest and discomforts, and become recipients of products aimed at sanitizing them, assisting them, calming them, healing, regulating them and controlling them.

The objective of the work is to identify and understand the meanings associated with the body and health, as well as the effects of subjectivation generated by the discursivity of medicalization. To this end, an empirical investigation of the mechanisms of pathologization or invention of diseases conveyed by advertising speeches of pharmaceutical and dermo-cosmetic laboratories is carried out, paying particular attention to the significant construction of discomforts associated with normal life processes.

Discourse analysis is carried out from a corpus of advertising *spots* for over-the-counter products aimed at body care and health, broadcast in audiovisual format on open television and cable in Argentina. The results of the analysis gather interpretations of the significant operations present in advertising discourses around three main vital processes that are crossed by medicalization and the construction of diseases and discomforts: pregnancy, childbirth, and aging.

The structure of article is organized as follows. First, the theoretical foundations of biopolitics as a technology of power and its relationship with medicalization are presented (section 2). Theoretical reflections on the categories of body and life and the effects of subjectivation constituted in a significant mesh of social discourses are continued (section 3). Then, the particularities of pathologization processes through the invention or objectification of new diseases, the centrality of the pharmaceutical-biomedical-technological complex, and the link between economic logic and social *ethos* are addressed (section 4). Additionally, the analysis of advertising discourses of pharmaceutical and dermo-cosmetic products is developed which gives empirical support to this work (section 5). The methodological aspects and the analytical treatment of the discourses on Pregnancy, Childbirth, and Aging are presented (sections 5.1, 5.2, 5.3, and 5.4, respectively). As a discussion and final reflections (section 6), the main observations made at the theoretical level and emerging from the analysis process are systematized.

2 BIOPOLITICAL CONTROL AND MEDICALIZATION OF LIFE

Biopolitics, medicalization, and the invention of diseases are three central notions for this work, but it is not in isolation that they are interesting but from the understanding of their close link. The notion of biopolitics refers to the power that acts on life, not at the level of the individual body but in the direction of the human species. It is, in effect, a type of technology of power that works with the population as a biological problem and as a problem of government, a power of regulation that makes life and let's die (Foucault, 1996c, 1977). The difference between technologies of power pointed out by Michel Foucault makes it possible to distinguish within the eighteenth century a change of governmental practice and reason

from an anatomopolitics of the individual human body to a biopolitics of the human species. In his words: "After a seizure of power over the body that was carried out according to individuation, we have a second seizure of power that proceeds in the direction of massification" (Foucault, 1996c:196). The reference to the power to make life and let die corresponds to the exercise of power over life, while the right of life and death in sovereign power was exercised in the opposite direction: to make die or let live. Both anatomopolitics (disciplines of the body) and biopolitics (population regulations) refer to the organization of power over life, with the objectives of biopower aimed at the regulation of births, deaths, fertility and reproduction rates, health, hygiene, longevity, etc.

A thin line is drawn between power and life. Both spheres usurp each other in a movement where power penetrates the body – whether individual or collective – through the nervation of life; And life, through the body, becomes the object of power. It could be said that, for power, the body is an excuse, while for life, a necessity. What happens when that need is put into tension and the body becomes only a possibility for the category of life? This question, formulated rhetorically, connects with the implications that condense the notions of "interchangeable bodies" (Virilio, 1999) and "human material", which entail a "new political economy of life" (Iacub, 2004).

For its part, the concept of medicalization refers to the processes by which modern medicine – its practices, its discourse, and its technological apparatus – extends to a growing number of social spheres and takes as legitimate objects of medical intervention different types of problems that were not previously considered as such (Foucault, 1996a; Illich, 1975). In this way, medicine ceases to have a field outside itself and due to the expansion of its sphere of action, everything in society becomes medicalizable (Foucault, 1996a). According to Rodríguez Díaz (2008:74), "medicalization means that much of our behavior can be subject to medical controls. So are the different cycles of life, so are the little annoyances and anxieties, so are what were once sins and many crimes."

Medicalization constitutes a biopolitical strategy insofar as it constitutes a population control device with political and economic importance (Foucault, 1996a, 1996b). The social actors involved in the production and circulation of the medicalization discourse are diverse: from private sector industries, the State, the media, the medical institution linked to the pharmaceutical industry, to sectors of the population in a double role as consumers-users of health products and services, and as a source of demands for improved health (Conrad, 2007; Márquez and Meneu, 2003).

Within the framework of medicalization processes and advances in genetics, neurosciences, and biotechnology, the definitions of body and life are modified; Therefore, the mechanisms that biopolitics as life management and regulation of man-species biological processes bring into play are also transformed. Following the line of articulation between power and life, Foucault (1996a) analyzes the link between medicine, power, economy, and society. In this sense, he affirms that medicine is part of a historical system related to an economic and power system, while the preponderance granted to pathology becomes a form of regulation of society. Also, Esposito (2005: 172) recognizes that the crossing point between political

knowledge and medical knowledge is constituted by the problem of the conservation of the body and warns: "it is from the perspective opened by the disease that this conservation acquires a central importance".

3 BODY, LIFE, AND SUBJECTIVATION

The category of life is central to the technology of biopolitical power that seeks regulatory bodies in their collective character of species and population. At this time there will be some reflections on the notions of life and body in the framework of medicalization processes, and on how these are inscribed in – and constitute – a biopolitical strategy that also generates subjectivation effects.¹

Biopower technology postulates human life as a political category and directs its action toward the problem of its protection. Faced with this principle, Esposito (2005: 28) observes that "life can only be protected from what denies it through further negation". However, in the face of that assertion, it is pertinent to ask a twofold question. First, what is it that denies life? Quickly, it could be said that the denial of life can be expressed as non-life, but the mode it assumes is complex. This can be found either in death or in a *bare* life is one that is on the margins of life itself, which is included in it in terms of exclusion, a life "that does not deserve to be lived" (Agamben, 1998). Esposito (2005:26) himself would answer that "disease – and death – is the shadow cone within which the science of life is cut". Following the dialectical movement present in Esposito's observation, the second question is oriented to consider: what are we denying to deny, avoid, suspend, or protect ourselves from death? Thinking of an answer invites me to believe that what we deny is the transit that leads us to what we want to deny. We deny its imminence and the certainty that something always escapes. We deny not being able to control it and wish we could. But desire is also found in the realm of what escapes, and we escape behind.

A way, although vain, to achieve that desire is to identify, name and move away from that *something* that prevents achieving it and becomes a sign of our condition of imperfection and expiration. The objectification of the unwanted or the different – two ways of designating an alterity that becomes threatening – in many cases borders on the extreme; Especially when we notice that the place of that *other* is occupied by symptoms or discomforts that in the discourse of medicalization is constructed as diseases, such as hyperactivity in children, premenstrual syndrome in women, baldness in men, depression in the unhappy and unhappiness in most of us.

The denial/exclusion of what threatens us, makes us sick, ages, and/or removes us from the regular or ideal, is present in any immune procedure that seeks to reduce what inhibits the development of life; that is, it takes care of protecting it. Already in the Middle Ages, exclusion was part of one of the paradigmatic medical-political systems. The emergency plan applied against leprosy was a model of exclusion and exile for the purification of the city: "Medicalizing an individual meant separating him and, in this way, purifying others. It was a medicine of exclusion" (Foucault, 1996b: 95). The hospitalization of the patient in the

¹ I use the term *subjectivation* to accentuate the procedural nature of the subjectivity, instead of talking about the *Constitution of subjectivities* as something finished.

hospital and the confinement of the madman in the asylum institute a physical-spatial limit that marks a symbolic difference: the outside corresponds to the space of non-disease.

From this, what is interesting is to question how to exclude the threat that invades us when it is part of our own body. The fact of being diagnosed, giving the evil a name, and, thus, ensuring the existence of a treatment that distances it, gives us peace of mind. "It is essential that abroad there is something of an intruder because without it loses its alienation," says Jean-Luc Nancy (2007: 11) regarding implants. One might think the same of viruses, wrinkles, new – and already old – "extra pounds" whose property title nobody wants to sign, and for everything that stands in the way of the search for "perfect health" (Sfez, 2008). In short, everything that happens to us happens to us (being) in our bodies.

The body corresponds to a political field where a new political economy of life is also inscribed (Iacub, 2004), in which pain regains prominence, but no longer as a spectacle in the public square or as a constitutive element of punishment, but in the most interior of the body as a target to be denied to protect, prolong and produce life. The body is our territory and the map we have of it never comes to represent it in finished form. "The body, far from constituting a definitive and unchangeable data, is an operative construct open to a continuous circumstantial exchange" (Esposito, 2005: 30). This opening to the middle occurs as if after the cutting and knotting of the first umbilical cord others had been unleashed that continue to nourish and affect us. In the immersion of the body in its midst, there is no passivity on the part of the first nor domination on the part of the second, there is a dialectical interaction between both. In this communication there is no neutrality: the encounter of bodies – including those of others and the inanimate – and meanings – always social – produces effects of subjectivation.

The significant mesh that traps and cushions us is woven by innumerable and heterogeneous discourses, among which it is possible to isolate that of medicalization. I dare to propose that in the discourse of medicalization two technologies of power converge: *biopolitics* and *non-politics* (Lazzarato, 2006): government of bodies and the government of signs are closely intertwined. At the intersection of both technologies, medicalization processes articulate a set of meanings, imaginaries, and practices around life, the body, health care, well-being, vitality, etc., constituting an *ethos* and modeling subjectivation effects (Rodríguez Zoya, 2021). In this key, the double face in which the processes of the government of life unfold is revealed, which in Foucauldian terms can be understood in the light of the notion of governmentality. It is a link between technologies of the government of others at the macro, social or population level, and technologies of self-government at the micro and subjective level by which individuals constitute themselves as subjects and govern themselves (Foucault, 2010).

4 OBJECTIFICATION OF A NEW NOSOLOGY

The medicalization of contemporary society incorporates new problems into its actions and creates new markets for consumption. Its expansion is made possible – fundamentally, but not exclusively – by the objectification of new nosological entities (diseases, discomforts, disorders, syndromes, etc.). This

mechanism operates a redefinition of life cycle processes, physical-emotional states, and risk factors, characterizing them as medical problems in terms of diseases. These processes and states are treated through medical intervention, claiming from scientific medicine the efficacy that contemporary society attributes to it (Márquez and Meneu, 2003), often without considering the balance between its benefits and adverse effects.

In the processes of medicalization, phenomena such as hyperprevention, overdiagnosis, pharmacologization, the moralization of health, risk culture, genetic susceptibility, and, perhaps the most paradigmatic, pathologization or invention of diseases are intertwined. According to the *British Medical Journal*, the Top 20 "non-diseases", published more than fifteen years ago, were led by an aging, work, and boredom, and include baldness, freckles, gray hair, ugliness, unhappiness, hangovers, and pregnancy (Smith, 2005). There are several aspects to note about the mechanism of the invention of diseases that drives the pharmaceutical-biomedical-technological complex. On the one hand, this mechanism follows a principle common to business logic: "The key to economic prosperity consists in the organized creation of a feeling of dissatisfaction," as Charles Kettering, vice president of General Motors, stated in 1929. On the other hand, the new nosological entities are incorporated into the diseases already typified, the drugs that are in circulation, and the new products that combine therapeutic actions or highlight some differential benefit for the existing ones.

In addition, it is convenient to recognize that the mechanism of the invention of diseases is not a monolithic procedure, but presents variants, as outlined by Rodríguez Díaz (2008) following Jörg Blech. At the moment when the notion of health mutates into that of quality of life and health services enter the era of scientific *management*, "pharmaceutical companies and medical interest groups invent ailments, because disease has become an industrial product that feeds and uses the desire to be healthy" (Rodríguez Díaz, 2008: 76). This mechanism of pathologization takes various forms: 1) *life processes* such as medical problems, such as the types outlined in the "non-disease" index; 2) *personal and social* problems such as medical problems, such as most mood disorders; 3) *risk factors* such as diseases, such as cholesterol, for which limits are set so that people with normal values are a minority; 4) rare symptoms such as epidemics of great spread, in the case of the medicalization of both male and female sexual dysfunctions; and 5) *mild* symptoms as indications of more serious diseases, so that certain disorders experienced by the majority of the population are disconnected from other symptoms with which they configure a clinical picture and constructed as diseases in themselves.

The invention of diseases is only one of the phases of symbolic engineering of the pharmaceutical-biomedical-technological complex, complemented by the construction of a persuasive discourse to install these diseases in society, together with the commercial launch of different products to combat them. One of the marketing strategies of the pharmaceutical industry is to investigate and identify biomedical indicators that are resignified as symptoms and incorporated into the field of pathological classifications. This neo-nosography then goes on to be worked on from the pharmacotherapeutic point of view. From

there, the development of brands-products is launched to cover the new needs generated. This is how the displacement of "normal" states (health field) to "pathological" states (disease field) occurs.

In the health market, the disease becomes an industrial product, a phenomenon for which to obtain an economic return. Pathologization expands the boundaries of treatable diseases and turns biological processes into medical problems. The "sale of diseases" is concretized with its social installation within the framework of an *ethos* of revitalization that erects the care and improvement of health as a moral imperative, and implies the correlative purchase of products to obtain it (Rodríguez Zoya, 2021). Hence, it is possible to *conceive the* health market in terms of a *disease market*, in which diseases are sold, but health is also sold in the form of endless diagnostic mechanisms, products, and treatments to achieve it: *health merchandise*.

The logic underlying these processes is explainable from the economic point of view of pharmaceutical companies in a capitalist system that needs to make great productive strides to survive. But, when this escalation compromises vital aspects such as the health of the population, it must, at least, be questioned. An attempt to intervene in this direction is the one that will take place next, from the analysis of the mechanism of the invention of diseases in the advertising discourse of the pharmaceutical industry.

5 THE ABSOLUTISM OF MALAISE IN ADVERTISING DISCOURSE

The "absolutism of discomfort" refers to the expression and expansion of discomforts in different orders of life, health, bodies, and subjectivities. The malaise that shapes the discourse of medicalization is not strictly linked to illness or guilt or repression – key to reading *Freud's The Discomfort in Culture* [1992 (1930)] – but closer to the subjective effect of the search for happiness, liberation, the perfection of health and well-being, and its correlative frustration. This discomfort assumes an absolute character due to its degree of profusion and is expressed as a discomfort *mediated* by the constant search for well-being and ideal body models, associated with the impossibility of fully achieving them; and as an *immediate discomfort*, experienced bodily, which finds in the possibilities offered by the pharmaceutical industry, dermo-cosmetics and medical technology, a way to mitigate the consequences caused by living itself.

In the subsequent sections, the methodological aspects and results of the analysis of advertising discourses of the pharmaceutical and dermo-cosmetic industries focused on the mechanism of the invention of diseases from vital processes are developed.

5.1 METHOD ISSUES

In this work, an analysis of advertising discourses of pharmaceutical and dermo-cosmetic products was carried out to identify and understand the meanings associated with the notions of body and health present in the discursivity of this industry. In particular, the analysis carried out brings together observations and interpretations of the meanings linked to life processes such as pregnancy, childbirth, and aging, integrated into the index of "non-diseases" cited above. For the construction of the sample of advertising

spots, we proceeded to deconstruct the index of the main twenty "non-diseases" published by the *British Medical Journal* (Smith, 2002) in different dimensions and assign *spots* of different types of products to the various aspects of each "non-disease".

The corpus of speeches analyzed in this work is made up of ten advertising spots, organized into three sub-samples corresponding to the categories of Pregnancy, Childbirth, and Aging. These are advertising pieces broadcast on open television and cable in Argentina in 2009, whose temporal delimitation obeys the accessibility criteria of this type of audiovisual material. The detail of each *spot*, the type of product to which it refers, and the pharmaceutical laboratory advertiser are presented at the beginning of the presentation of results.

It is worth making some previous notes related to the vital processes that are analyzed. It is possible to think that old age is the last age of life and that aging only affects adults who enter that stage. However, aging can be linked more to the process of one's life course than to old age itself. Based on this conception, an attempt will be made to give a chronological and linked order to the presentation of the observations resulting from the analysis process. It seeks to identify the meanings present in the advertising discourse related to each vital process, as well as the significant regularities related to the three. In this way, it will begin with the speeches on Pregnancy, followed by those concerning Childbirth, and concluding with those related to Aging, to which special space and attention will be devoted because the process of life is considered the main "non-disease".

5.2 PREGNANCY

The analysis of discourses related to pregnancy and childbirth is based on the analysis of four advertising spots. Regarding pregnancy, two products were considered: the Evatest pregnancy test – Elea Laboratories and the *Hinds Mama* body cream – *Glaxosmithkline* Laboratory.

The moment before knowing the state of pregnancy is represented by a motionless time: gravity loses its force of law, the juggler's game is suspended in the air, and the momentum of the wheels of a pair of skates is stopped as in a photograph. This shows the course in which nothing happens until a woman knows the result of her *Evatest*, the instant in which time is activated. The presentation of the product states: "*Now it is easier to know what you want to know*" and after listing its characteristics, closes with the phrase "*New Evatest Easy, so that your world continues*". The continuity of the world and time is made possible by the knowledge of the positive or negative state of pregnancy, a construction that is plausible when assessing the emotions and expectations involved around the moment alluded to. But, when we return to the closing syntagm and analyze the images, the displacement of continuity of time to the *detention of time* is noticed, from which it becomes interesting to review the articulations of the notion of *life* to the semantic fields delimited, on the one hand, by the signifiers stop-immobility-suspension-passivity and, on the other, by the signifiers continuity-mobility-activation-activity.

Continuing with this analysis, it is interesting to pay attention to the meanings that mobilize the *spot* of the Hinds Mama body cream in which a pregnant woman accompanied by her partner is shown at the time an ultrasound is performed. The product is presented after stating the phrase "That being a mother *marks your heart, not your skin*", in which the relationship between pregnancy-being a mother-marks on the heart marks on the skin is established. The significant chains articulated to *brands* can be stabilized according to the accentuation of an affective sense, where marks are equivalent to *emotional impact*, or a physical sense, where marks equal *stretch marks*. This second meaning is the one that manifestly takes up the speech of *Hinds Mama* and shows how when applying the cream, a rain of light envelops the belly of the pregnant woman and activates its "*exclusive factor that [...] It helps prevent and reduce stretch marks.*" However, this sense of *protection* condenses in the cream a double meaning: on the one hand, it is linked to skin care ("Take *care of your skin from stretch marks*"), and on the other, linked to *love* (the woman draws with the cream a heart on her belly). Thus, the dermo-cosmetic discourse made manifest in the advertising of this cream does not leave any sense out of reach. This all-encompassing effect is exposed when indicating the moments for the application of the cream: "*Before, during, and after pregnancy*", exhibiting the processual and continuous character of health and body care. The advertising discourse installs the product as a therapeutic for stretch marks considered as sequelae of pregnancy. In addition, the advertising discourse about the pregnancy process condenses the two meanings given to the Greek word *pathos*: *illness* and *emotion*². Thus, the discourse of dermo-cosmetic medicalization shifts the meaning given to the conditions resulting from this process of life – physical and emotional *marks* – to the field of the pathological and considers pregnancy as a "non-disease".

5.3 PARTURITION

Pregnancy and childbirth form a *continuum* both in real life and in the discursivity of the medicalization of these processes. However, considering that they were individually identified as two distinct "non-diseases", we allocate here a section for each. About childbirth, the advertising *spots* of *Cicatricure Crema* were worked on in its presentation *For scar reduction – Laboratorios Genomma*, and the body cream for babies *Johnson's Baby – Johnson & Johnson Laboratories*.

Cicatricure Crema's speech features a woman who confesses: "*When I saw the scar from the cesarean section and the stretch marks that I had left, I almost had an attack.*" The emphasis placed on the "pathological sequelae" of both pregnancy and childbirth – in this case, because it was by cesarean section – on the mother's body, shows the importance that is attributed to the *mark* caused by these marks. Given this "picture", dermo-cosmetic products and treatments are recommended to *prevent* stretch marks *and*

² The word Griego *pathos* gives its name to the branch of medicine that is responsible for the study of *diseases*, Pathology (pathos = disease; logos = study, treated), and also means *emotion* or *mood*. According to This last sense, *Pathos* is one of the three modes of persuasion along with *Ethos* and *Logos*, according to Aristotelian philosophy. In *Rhetoric*, Aristotle states that *pathos* is the use of human feelings to affect the judgment of a jury (Book 1, 1356a). Also, in the advertising discourse, The appeal to maternal emotions is a persuasive way to stabilize the senses advocated by this discourse.

reduce them when they are a fact. The spot of *Cicatricure Crema* states: "improves the texture and coloration of scars and stretch marks", an effect confirmed by the woman of the spot: "I followed to the letter the instructions and [...] I was surprised at the results." Thus, the speech of *Cicatricure Crema* seems to say: "Still, after childbirth, you are in time to reverse the marks that pregnancy has left on your body". Again, it is the application of a medical-cosmetic product that has the power to reverse the body marks that the medicalization discourse puts under the magnifying glass.

Analyzing the advertising discourse related to the birth process implies paying double attention to the meanings built around the figure of the mother and the child because as *Johnson's Baby* spot says: "When a baby is born, a mother is also born". In this case, as pointed out in the *Hinds Mama spot*, the meaning of protection is linked to both the care of the baby's skin and the love that the mother gives him. This articulation is highlighted by the brand of a line of products for hygiene and skin care of babies who, in turn, states: "Johnson's believes that your love can make your baby a much better person in the future." In this syntagm, the significant love occupies the place of caresses made when applying the cream to moisturize-perfume-sanitize the baby's body, from this other phrase: "Con your caresses and Johnson's Baby, a better world is born". Likewise, the significant world has displaced people, producing the effect that "if all mothers use Johnson's product line with their children, the world will be better."

Once again, the use of a medical-cosmetic product intervenes to obtain physical, health, and emotional improvement; particularly, in the case of *Johnson's Baby*, mediating contact between mother and child. The mother "suffers" – receives and suffers – the affective and physical marks of her pregnancy and childbirth, but also when using the cream to caress her child she leaves a mark for her future: "a much better person in the future". Precisely, from this moment space will be given to go through the meanings linked to that vital future leading to the aging process.

5.4 AGING

The results of the analysis of the advertising discourse related to aging are developed in detail considering that it is the "non-disease" that occupies the first place in the index. At the time of sampling, the themes or aspects that jointly contribute to the configuration of this vital process have been identified. In this way, to carry out the analysis of discourses on aging, six advertising spots were selected that address the issues of wrinkles, joint pain, the use of dental prostheses, and the use of diapers.

Undoubtedly, the appearance of wrinkles is the main concern associated with this stage of life, which is manifested through the profusion of products, advertisements, and the tone of their speech. Despite the abundance of spots, the analysis process allowed us to identify a set of significant operations of the advertising discourse related to the issue of wrinkles, which we systematize as follows:

- (1) Establishment of the relationship between the appearance of wrinkles-aging-loss of one's own identity, associated with the identity built throughout life (youth-adulthood).
- (2) Exhibition of the effects of the passage of time on the skin and its scientific basis.

(3) Declaration of the intention to stop the aging process and recover the identity and image associated with youth.

(4) Direct manifestation of the will to restore skin firmness.

(5) Presentation of the medical-cosmetic product developed to achieve the desired effects and explanation of its differential properties.

(6) Exaltation of the effectiveness of the product and display of results.

Below are the interpretations of the analysis of three spots on this issue: Cicatricure Cream face cream in its presentation For wrinkles and expression lines – Laboratorios Genomma, Roc CompleteLift cream – Laboratorio Johanson & Johanson, and Hinds Anti-Age body cream – Laboratorio Glaxosmithkline.

Through the advertising speech of *Cicatricure cream* – a product recommended by a renowned actress – it is asserted: "*You know perfectly well that over the years it is noticeable in our skin*", and the presentation of the properties of the product is made through the resource of scientific foundation: "*In a study of more than 500 cases*", "*It was documented...*", "*It was determined...*". For this, notions attributed to the medical-scientific vocabulary such as *pentapeptides, cell regeneration, and collagen production* are mobilized, and the slogan of the brand ends paradigmatically: "*A scientific finding that can change the age of your skin*". The changeable signifier delimits a semantic field of easy articulation with which the medical-scientific intervention is, ultimately, an intervention on the body and life, so that *change* is chained to the signifier intervention-manipulation-transformation-modification. Thus, the significance of a cosmetic treatment developed in pursuit of *aesthetic-social* parameters, which enables the change, renewal, and recovery of the freshness of young skin and, therefore, of the vitality associated with it, assumes the *ethical-political* tone that surrounds the debates on the scope of genetics, neurosciences, biotechnology, and biomedical technology, of clear biopolitical significance.

For its part, the slogan of Hinds Anti-Age states: "It helps delay skin aging", supporting the association between "passing of the years" and "marks on the skin". Faced with this, a group of women declares: "Today the struggle not to wrinkle is declared" and postulate the slogan: "Do not wrinkle!", which implies a double discursive operation. On the one hand, it brings into play two significant chains: (a) wrinkle-mark on the skin-passage of time-aging, from which the meaning is built to fight not to age; and (b) "not wrinkle (r)"-courage-daring-will-decision that, concerning the enumeration referred to those things before which women are encouraged to "not wrinkle" (high heels, short skirts, necklines, bikinis, "... that they have so much to give"), build the effect of meaning dare to show the body. On the other hand, the imperative tone of the slogan "Don't wrinkle!" and the sense of daring of the second chain, overdetermine and return to the signifiable aging of the first, so that rejuvenation is presented as a matter of decision and will. The way to achieve it is through a struggle waged against the passage of time ("Today the struggle is declared...", "Help delay aging..."); And its reward is the certainty of not losing the possibility of showing the qualities of a young body.

The sense of reversing and delaying the recently exposed aging is equally present in the significance of recovery built from the speech of Roc CompleteLift. This spot also presents the differential properties of the product through a technical vocabulary: "It combines two powerful ingredients", "reconstitutes elastin", and its effects are explained: "Results? 2 mm for a lifting that lasts" next to the overprint "7 hours of visible lifting effect". However, the distinctive nuance is to highlight the association between aging and identity through statements such as "With firmer skin, I am me again" and "With this face, I am rediscovering myself". The articulation of the meanings of recovery present in the first statement and that of rediscovery in the second build the effect of the sense of aging mask. The mask attached to the face during aging acts as a "new face" – that of wrinkles – that hides the "true face"; As if there were an identity essence – the one represented by the true, wrinkle-free face, that of youth – that the cosmetic treatment has the effect of revealing, preventing its loss, recovering.

The significance of recovery associated over time, physical qualities, and identity was taken into consideration with the speeches of three other advertising spots related to different types of products: the anti-inflammatory Reumosan – Gezzi Laboratories, the whitening of dental prostheses Corega Tabs – Glaxosmithkline Laboratory, and diapers for adults Plenitud Active – Laboratorio Kimberly-Clark Argentina S.A.

In the first of the three spots mentioned, an actor boasts that at 90 years old "with Reumosan, my mobility is recovered". The importance and positive significance attributed to recovery are evidenced by the phrase "A medicine to enjoy the life that is loved so much". Likewise, the announcement proclaims "Rheumosan is precise", where the double meaning of exact and effective, and indispensable can be noticed; Similarly, the recovery of mobility and with it joy and mobility (verified by the image that shows the same nonagenarian actor jumping in a park), requires a specific medication "for a certain stage of life". In other words, "that" stage of life requires a drug to be enjoyed.

On the other hand, the *Corega Tabs* spot reinforces the significance of *daring to rejuvenate* exposed in the *Hinds Anti-Age spot*. In the speech constructed by *Corega Tabs*, an adult couple says: "*We recently decided to change our lives... for a healthier one*", and explain that from the change introduced (doing gymnastics, quitting smoking, and drinking less coffee) "*we look better ... even younger.*" The sense of *better* is retroactively stabilized from the young signifier and both overdetermine healthily; signifiers that configure the positive pole of gradualness in which, conversely, *aging* integrates the semantic field delineated by the chain worsening-loss-decline-inferiority-negativity-imperfection-disease. Thus, the meaning search for youth chained in exchange for life-decision-will – as presented in the *spots* of *Corega Tabs* and *Hinds Anti-Age* – is articulated to the semantic field constituted by the signifiers change-renewal-rediscovery-recovery-improvement-youth-freshness-vitality-joy-fullness-positivity-well-being-perfection-health.

However, the shift in this latter direction of the signifier *change* is interrupted and threatened by an obstacle that hinders the full realization of the "*healthiest life*" sought. The woman in the *spot* identifies the

factor that prevents and denies her complete well-being in the use of dentures and the difficulty in cleaning them, and then the figure of a dentist is introduced who presents the medical explanation of the discomfort and the properties of the advertised cleaning tablets. Finally, from the association established between dental prostheses and smile, the slogan of the brand states: "*Never stop smiling*", a syntagma in which the meaning given to *leave* is on the side of loss and the meaning of *smile* is articulated to the semantic field of joy-happiness-fullness-youth-well-being-health: what must be recovered to achieve the desired effect with the "change of life". As in the case of *Reumosan*, here too it is a medical-pharmaceutical product that prevents loss and enables the *recovery* of joy, and well-being and, articulated to these signifiers, all those whose displacement is stabilized from *health*.

Aging, meaning excluded from this semantic field, is something that must be prevented, therefore, it is tried to move away, postpone, convert and deny to *recover* the qualities through which life is enjoyed and lived fully. Given this significance, it is necessary to consider the discourse of the third advertising *spot* of this series. The phrases "*Who says everything in the past was better?* " and "*Who says we can't?* " mentioned in the adult diaper *spot Plenitud Active*, seem to question and challenge the sense stabilized by the articulation of aging-passivity-impossibility-discomfort. However, they only confirm the search for *active fulfillment* – such is the brand of the product – because it is lacking, and the desire/need to move away and differentiate from the meaning by which well-being is denied. The factor that denies and prevents fullness, in this case, is incontinence, hence in the advertising discourse of this brand of disposable underwear for adults the pronouncement "*Fullness tells you yes*" acts as if by denying that denial, it affirms the possibility of *recovery* of lost well-being. Intending to shift the signification of *aging* towards the significant chain of activity-possibility-joy-fulfillment-well-being, the *spot* shows an older couple dancing and another jogging in a park. Again, the factors to which the condition of threat, impediment, or obstacle to achieving the desired effects is attributed are first negativized, stigmatized, and then medicalized. So the action of a product developed by the medical-cosmetic industry for hygiene and personal care is a condition of possibility to recover, maintain and enjoy well-being and a full and healthy life.

6 DISCUSSION AND REFLECTIONS

The analysis of advertising discourses on the processes of pregnancy, childbirth, and aging allows to establish certain significant regularities that can be systematized from the following meanings and statements:

(1) *Recovery*. The discourses analyzed for the three processes of life reveal the claim to exercise power and control over time. The signifiers *stop, follow, reverse, recover* organize the semantic field that condenses the search for something lost in the present (physical, subjective, identity qualities), to recover what in the past ensured a full future and distance from discomfort.

(2) *Trademarks*. The meanings analyzed express the construction of a concern for the marks that the processes of life and the passage of time left on the body and skin (stretch marks, wrinkles, scars,

emotional impacts); while the discourse of medicalization shows that medical-cosmetic products provide a solution to such concerns and discomforts by concealing-correcting-reversing these marks.

(3) *Protection*. The discourses analyzed construct the meaning that life and the skin of the face and body must be protected from the passage of time, aging, discomfort, unhappiness, pollutants, and the environment. The search for protection and the claim to control factors conceived as threats or obstacles to achieving well-being enables their stigmatization and medicalization; operations supported by an advertising discourse that encourages the use of medical-cosmetic products, exalt their properties and effectiveness.

The analysis carried out did not have the purpose of identifying the meanings conveyed by the advertising discourses to indicate their foundation or explanation, but took into account the interplay of the discourses of consumers (demand) and laboratories (supply), condensed in the advertising discourse. The identification and interpretation of meanings start from the recognition of their social and dialogical character, as well as the arbitrariness of the significant articulations established by advertising discourse. Therefore, this analysis calls not for the critique-disapproval of the identified meanings but, rather, their deconstruction and the critique-analysis of the operations by which the senses are displaced and stabilized. "Non-diseases" such as Pregnancy, Childbirth, and Aging cannot be interpreted as such but negatively, that is, by the opposition and about social precepts and ideal models of health, well-being, fullness, beauty, youth, happiness – generated, in part also, by the same advertising discourse – against which the semantic field of discomfort is constructed as antagonism.

At the theoretical level, we can offer some reflections on the deconstruction of symbolic engineering deployed through the advertising strategies of laboratories. The operation begins with the *invention of diseases*, a mechanism that assumes various variants by which they become and present different normal processes, personal or social problems, mild or infrequent symptoms, or risk factors *such as* diseases. *A discourse is constructed* that exaggerates the relevance and impact of these diseases on health, well-being, or quality of life, based on the use of metaphors to persuade potential patients about the self-perception of symptoms. In addition, pharmaceutical companies implement *marketing strategies* aimed at "selling" to the population and health professionals, "non-diseases", new products aimed at combating them, and the benefits of medical intervention.

However, a second observation allows us to notice that what a disease is, obeys a contingent construction that does not necessarily refer to a biological referent. To invent a disease is to give a name to a state that supposes an abnormality, alteration, or imbalance. To think of the contingent character of this denomination supposes the non-univocal of the meaning and a fertile polysemic and polyphonic contamination that take place wherever linguistic hygiene could be claimed. This contingency is a condition for diverse voices and interests to converge in the field of meaning in the struggle to stabilize its meaning.

This allows us to notice that the mechanism of the invention of diseases operates through a metaphorical displacement. Agnes Heller (1995) states that "disease [...] It appears regularly in our culture

with a metaphorical sense," emphasizing the change of meaning and the political dimension of metaphor. There is something in that displacement that is hidden, that is denied or silenced, but what is silenced is expressed in another place and another form: it appears as a symptom. The case of certain personal and social problems that manifest themselves through symptoms that, in turn, are converted into diseases such as social phobia or stress, is paradigmatic of this reasoning. Likewise, mild or infrequent symptoms at the organic level are also elevated to the range of diseases.

Thus, the disease can be conceived as a politicized metaphor for various social phenomena at different times. Likewise, in the construction of diseases, the symptom occupies the place of the disease, operating a metaphorical displacement. Graphically: ³*metaphor* and *symptom* are on one side referring both to the significant *disease* on the other. The disease is the state in which *they condense*⁴ from biological alterations to social problems. In this regard, it is interesting to follow Heller (1995:73) when he emphasizes that "there is a (bio)politics of metaphorical meanings that have been emerging before us. If the metaphorical dimension is not grasped, health policy will remain a mystery."

Thus, it was open to postulate a link between Heller's (1995) approach to the disease as a metaphor, in which there is a displacement and something remains denied, and that of Esposito (2005) on the movement of negation of the immune procedure. What is not named in the political metaphor of the disease, what is displaced and remains denied, is precisely what is presented by denying or threatening life, what the immune procedure seeks to deny to protect it, especially at the social level.

Another observation that is inserted in the previous arguments concerns the conception of the disease/health pair as commodities that are produced and circulated in the health/disease market. In this market, consumers/patients relate to diseases that assume a certain form, as well as to a certain form of health that is offered/sold to us. However, the processes underlying the establishment of these forms – as well as the social relations and interests that exist in them – are not directly available to the eyes and consciousness of those who live and practice these forms of health/disease. Therefore, one can think of health/disease-commodity in terms of fetishism and ask ourselves why the set of symptoms that make up a (new) disease or the proclaimed qualities of a healthy life assume one form and not another.

All this allows us to show the relevance of the mechanisms of symbolic engineering of pharmaceutical and dermo-cosmetic companies for the problematization of medicalization processes. In a model of society in which the improvement of the quality of life and health becomes an obsession and medicine is made the main means to achieve it, a large part of the population is labeled as sick. Even before

³ The displacement operation is associated with the rhetorical figure of metonymy rather than a metaphor; However, here I speak of "metaphorical displacement" under the understanding that metaphor entails at least one metonymy.

⁴ Sigmund Freud [1991(1900)] in *Interpretation of dreams* used the notion of condensation associated with the metaphor. Condensation is one of the mechanisms by which manifest content of dreams It is presented in a syntagm as a metaphor for many other senses of latent content. The other mechanism is that of displacement, by which the latent thought of the dream is metonymically displaced and assumes a form in the manifest content.

birth, through the strict medical controls to which mothers are subjected, the first identity of the individual is that of being patient.

The strategies of the medicalization of life and health contribute to the (re)configuration of subjectivities and social meanings, making them a field of conflict. The question that arises before these observations are what to do. An ethical-methodological position – if I may use the combination – to assume from the Social Sciences and Communication is to conceive the field of meaning as a space of power and conflict, and to denaturalize and problematize definitions and meanings as a political task, especially when it comes to definitions related to the body, health and life. A contribution in this sense has been the commitment to this work.

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