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# I Am Because They Tell Me I Am: Mental Health and Performativity

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**Abstract:** This article discusses madness and its production, aiming to circumscribe Butler's performativity and Foucault's Theory of Discourse in the field of mental health. Madness has historically had different conceptions and social functions. In different contexts and cultures, care practices were created to heal, rescue and disalienate. All these practices built modes of subjectivation and ways of controlling what would become mental illness and psychopathology. But what is madness without medical-psychiatric discourse based on biological practices? How to understand madness from a critical epistemology based on the assumptions of applied human and social sciences? Thus, this article has as its methodology a bibliographical review research, having as main references the post-structuralist philosophy and the sociology of health, rescuing the history of madness and its conceptions: critical and tragic, based on Foucault's theory in dialogue with authors classics of the sociology of health. It is also observed how practices of medicalization of madness were systematized in Brazil, with the Sistema Único de Saúde (SUS) having the principle of universality and equity. With this, it was possible to observe and conclude how the language system and performativity build dissident subjectivities and produce mental patients, insofar as language produces subjects within a pre-established norm, dictating the molds of normal and pathological. The criticism carried out is not just to remove the logic of the biological discourse, but to build epistemologies that find the subject of experience and transform him into a subject of self-knowledge.

**Keywords:** Mental Health, Performativity, Queer Theory

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## 1. Introduction

Madness historically had several mechanisms of control and erasure. Various forms of medicalization are produced. With the arrival of psychopathology in the 17th century, this phenomenon began to be discussed and described according to the cultural standard of the society of the time. Thus, madness starts to be read as a mental illness, through the validation of medical-psychiatric discourses, just like the emerging psychology and the main form of medicalization advocated was the asylum model.

Asylum practice deprived the subject of his autonomy and production of truth, as the concept of reason and unreason was created in the medical literature. This takes away from madness as a truth-bearing experience. What the madman enunciates was nothing more than delusions that had no meaning. However, as language and social beings, mental illness is produced in the medical-psychiatric field and

health-disease norms are created that are reiterated from the meanings, acts and repetitions controlled by the power-knowledge model.

In order to understand how the internalization of subject-producing discourses occurs, the theory of discourse and performativity is rescued to understand the field of mental health as a transdisciplinary field that produces, controls and organizes subjects and social relations from parameters of normality with the central question: how are dissenting subjectivities formed?

This article is the result of a bibliographic review research, being characterized by the survey and discussion of research already published to understand how the phenomenon was discussed over time, building other biases and references, in the production of other knowledge about mental illness.

More productions within social constructionism and mental health are needed to understand madness and mental illness from social, cultural and historical determinants. As a

social phenomenon, the explanation of a multifaceted phenomenon cannot only be studied by biomedical power.

## 2. Development

According to data made available by the World Health Organization (WHO) [14] there are about 450 million people who have some serious or persistent mental disorder. In Brazil, this number is about 43 million. Brazil is the country with the highest number of anxious people, according to a survey carried out by the same institution.

The mentally ill is discursively produced in this interior of discourses through discursive formation. Foucault [7] discourses are statements, tools and ways of producing subjectivities through the various enunciations of different fields, its objective is to produce truth about the world from a dominant ideology. [5]

Within the parameters of scientific and moral normality advocated in these discourses, the image of what this unreasonable subject would be and what the performative acts are is built in the social and cultural interior, always in an exhaustive attempt to monitor and punish him, correcting his ill behavior, making him docile [9] no longer with the asylum practice, but with the medication practice. The asylum logic is changed, no longer by walls, but by drugs.

According to Butler [5] we live in a society marked by compulsory orders. These orders, sources of subjectivation such as gender and sexuality, establish parameters on what should be followed and performed. Performativity in Butler appears as a norm to be followed and to be structured as such, it presupposes continuous reiterations, guaranteeing a fiction of some original and natural character. It is the legitimation of a compulsory order. They are the gestures, signs, rituals, acts that would reinforce this “natural” and biological state in what is socially possible.

Mental health and illness cannot be seen detached from the socioeconomic and cultural context, as it is without historicity and culture. In the human case, the social submits and determines the organic, so one cannot think about these “individual” processes without contextualizing the cultural, political and social dimensions [10].

Mental illness in this context is seen as the internalization of social rupture, when there is no possibility of mental representation of the objective reality that circumscribes the biological subject [10]. However, in this article, we will use the sociology of health to understand the linguistic and social determinants in the production of mental illness outside the biological scope.

Thus, displacing madness from the biological field, in line with Foucault [6, 9] the historicization of the concept of madness and its social status is constructed, its production is reaffirmed within social relations, in power relations and being mediated by language that builds it.

## 3. Methodology

This article can be defined as a literature review research.

According to Almeida [1] the literature review research is defined as a systematic study, developed and organized through material available in books, magazines, articles, newspapers, among other sources of oral and written communication. This research has the possibility of enhancing the findings of a research, as it consists of systematically organizing, reflecting and critically discussing the scientific production of a given period of time [11].

To this end, classic books dealing with the production of health and mental illness were read and recorded, such as the history of madness and the theory of performativity. Its main guides are the works of the philosopher Judith Butler and the philosopher Michel Foucault. The history of madness is rescued in its critical and tragic tradition and language as producers of subjects [15].

## 4. The History of Madness in Its Critical and Tragic Tradition

The discourses that build the image of the mentally ill, thought by Foucault [6], lead to the construction of two concepts pertinent to the history of madness: the critical and tragic tradition, which over time puts madness as unreason, an image that is that removes from the subject in mental suffering, the possibility of enunciating true speeches about himself.

Unreason is the silencing of madness as a form of concrete production of the self, concretized in the critical tradition, madness is rejected as an experience that carries truth, based on denial. This silencing of madness promotes extensive social and political exclusion, given that there is no construction of the image of the human subject endowed with humanity. The image of the madman as impure and immoral is forged in social disorder, meticulously worked on in the anti-aesthetic values of the subject [6].

In the French Revolution, psychiatry is inscribed in the critical tradition, based on mechanistic and Cartesian philosophy, splitting the subject into mind and spirit. Madness is a disease of the mind and the necessary care is now practiced by medicine. Thus, psychiatry presented mental illness as mental alienation. Psychiatric asylums are built as a guarantee of cure and care. With that, mental illness no longer meant the total loss of reason, as it could now be rescued from asylum care.

The cure did not work, so madness is naturalized as a negative way of existing. With the arrival of French and German Psychopathology, the psychopathologies in the psychiatric tradition of the 19th and 20th century were described in detail. Psychiatry turned to “moral orthopedics”, “by which it sought to impose sociability norms” [3] from regulatory and disciplinary practices within psychiatric asylums for the moral renewal of this subject.

The tragic tradition claims the existence of madness as a subject that exists and produces its material existence in the world. There is a subject in his work and there is a self-claim about its elaboration. It is the meeting of madness with art and the processes of self-production based on artistic

language [3].

With this, we can say that a place for madness was created by the critical tradition, which reverberates its effects to the present day that were concretized in Western care practices.

However, in Brazil, inspired by political and cultural movements in the world, the Psychiatric Reform appears to promote and guarantee the human rights of madness. Against the hospital-centric model of care and denouncing asylum violence. The reform brought numerous contributions to thinking about humanized care [6]. This movement was thought and built by mental health workers, users of the system, trade unionists and family members [4]. In 2001, the psychiatric reform gained legitimacy with the signing of the Paulo Delgado Law [13].

As a strategy, a model of care is thought in which the non-permanent hospitalization of the subject is made possible, creating equipment that aims at the deinstitutionalization of care. These facilities are: Psychosocial Care Centers (CAPS), Psychosocial Care Centers (NAPS), day hospitals, community centers, therapeutic residences and beds in general hospitals [12].

## 5. Language as a Producer of Subjects

The history of madness shows the attempts to forge the madman - the mentally ill - to medical diagnoses and frameworks, thus creating the parameters of normality, referenced by biological theories for madness. Although produced in different contexts, cultures and histories, madness is the result of still medicalizing practices that deprive the subject of his autonomy.

A norm needs to be followed and it is structured from continuous reiterations, as this guarantees its fictional character as original and natural. With this, we can think about how mental health equipment and the discourses produced in them subject the subjects of mental illness. Thus, the psychological sciences reiterate these discourses from the legitimation of a norm to be followed through descriptive diagnoses [10].

In order to promote regulations and compulsory orders, it is therefore necessary to think about the opposite of disease – health, and how it operates in the construction of subjectivities. Health discourses establish the parameters of normality through what is or is not possible to be. Mental health represents the antagonism of mental illness, in which it is performatively created ways for subjects to recognize themselves in the world [8].

In the diagnosis constructed for a subject, this speech and presents itself in the world from the one who knows, the doctor and according to Foucault [7] it is through power that the construction of being operates, the knowledge-power. When there is the construction of a theory, a diagnostic hypothesis and the diagnosis, the subject appears to be formed, as this operation of power not only prescribes it, but also produces and subjectifies the subject's experience, making this aspect performative, as it is the materiality of theories that formed it [2]. When constructing a diagnosis, subjects of this diagnostic description are also constructed.

Thus, the discourses that originate and mark the subject,

insert him into certain forms of life and ontological understanding of it. According to Guareschi [10] “these marks inscribe them in certain ways of being and living whose reference is, mainly, the impossibility of control over oneself”. Mark of the current cultural construction, forged by the drug revolution produced in the 20th century.

## 6. Final Considerations

Thinking about the experience of madness explained in this article, it was necessary to understand it and situate it socio-historically to enable the sociocultural character of madness, enabling the withdrawal of biological conceptions. This work aimed to situate performativity and Foucauldian discourse theory in the field of mental health to think about the phenomenon in its social and cultural dimensions.

The performativity in Butler appears here displaced from gender studies to understand the formation of subjectivity from the construction of the so-called crazy acts. The phenomenon needs to be seen as a process of sign, meanings, acts and expectations about how the subject of madness needs to be and look like.

To this end, we understand how Foucault's theory of discourse warns us about the production of subjects and subjectivities within an ideological, hegemonic and alienating context. In the construction of diagnoses and diagnostic hypotheses conceived by medical-scientific knowledge, the subject of madness gains form and status.

It is important to point out that the construction of subjects follows a pre-ordained and discursively produced logic in the face of the interests of a hegemonically dominant organization. Madness, after being seen as a disease, can be controlled, regulated and reduced. With this, it is evident the need for production that evidence and promote a critical reflection on the construction of madness within the discursive and linguistic field.

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