

The new gospel: medicine marketing and science journalism in the Brazilian news magazine *Veja*

*A nova “boa-nova”: marketing de medicamentos e jornalismo científico nas páginas da revista brasileira *Veja**

*La nueva “buena nueva”: el marketing de medicamentos y el periodismo científico en las páginas de la revista brasileña *Veja**

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Abstract *This article analyses the status of medication in contemporary ethic, showing how it is built in opposition to the ordinary consumer good. However, this opposition is not only theoretically flawed but also, in practice, induces pharmaceutical labs to construct marketing strategies based on the exploration of the credibility of persons and institutions. In order to study the influence (direct or indirect) of such strategies in journalistic news about health, we analyzed news stories about diseases from the Brazilian news magazine *Veja*.*

Keywords: *Medicine marketing. Consumption. Ethics. Illness. Health.*

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Resumo *Este artigo analisa o status do medicamento na ética contemporânea, mostrando como ele se constrói em oposição ao típico objeto de consumo. Entretanto, não apenas tal separação se mostra problemática teoricamente, como, na prática, induz os laboratórios farmacêuticos a construir estratégias de marketing que exploram a credibilidade de pessoas e instituições. Procurando estudar a influência (seja direta ou indireta) de tais estratégias em matérias jornalísticas sobre saúde, analisamos reportagens sobre saúde da revista Veja.*

Palavras-chave: *Marketing de medicamentos. Consumo. Ética. Doença. Saúde.*

Resumen *Este artículo analiza el estatus del medicamento en la ética contemporánea, mostrando cómo este se construye en oposición al de un típico objeto de consumo. Sin embargo, tal separación se muestra problemática no solo teóricamente, sino también en la práctica, al inducir los laboratorios farmacéuticos a construir estrategias de marketing que explotan la credibilidad de las personas y de las instituciones. Para estudiar la influencia (directa o indirecta) de esas estrategias en materias periodísticas sobre salud, analizamos algunos reportajes sobre este tema en la revista brasileña Veja.*

Palabras-clave: *Marketing de medicamentos. Consumo. Ética. Enfermedad. Salud.*

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Medication and merchandise

Great part of the critical discourses of “consumption society” tends to focus objects and practices characterized by pleasure, by the superfluous and by the conspicuous. To hear these discourses makes think of cars, clothes, perfumes and handbags. Normally the consumption of medication is not included in this category where the individuals’ pleasure is identified by the “critics” as the source of numerous social problems and human sufferings.

Maybe because the use of medications seems to be dictated by “necessity” and not by “desires”, to use a division which goes back to Plato (2010). The philosopher separated the “superfluous desires” which aim at the pleasures of the body from the necessary desires, those which would be the condition for the preservation of the good form of the body and would not come into conflict with the virtuous and contemplative attitude. In the platonic doctrine, the division is coherent, because in it the Good transcends the matter and the body.

Nevertheless, once discarded Platonic metaphysics and asceticism, or its Christian derivatives, the effort to separate the superfluous from the necessary within the immanent mundane practices, runs the risk to be similar to an empty moralism the main function of which is maybe to explain human suffering by attributing it the actions of entities such as “Advertising”, or “Mass media”, or “Capital”. Such devils would tempt us with the superfluous. It would be incumbent on us – sober serfs of necessity, of health, and of well-being – not to yield to seduction.

In this kind of consumption manichaeism, medications are usually on the “Good”’s side” (that of the necessary). Thus medication often appears as the incarnated Good itself: that which does not promise the false consumption pleasures, but the true redemption of health. The news, newspapers and magazines keep propagating this new gospel, announcing salvation – that is to say health and longevity – to those who will follow the path of medicalization.

To observe that, for non-religious people, health nowadays gains a status similar to that of eternal life for the Christians, it is sufficient to

observe the number of daily rituals it obliges us to. If most of us do no more fear to offend God when disobeying his commandments, nobody doubts that the “sins” against health are being punished in the future with illness, pain and death. In fact, it is difficult to know who would feel guiltier today to eat a generous portion of bacon: a Jew or a middle-aged individual with high cholesterol. If before we made a list of the seven capital sins, today we list the seven worse foods for health.

In short, today medications gain the aura of a sacred object. They would be consumed not because we want to seem more powerful or beautiful than the others, but because of the only really legitimate motive: we must be cured; we must restore our health, this glorious state of our body here in this world. Whereas the majority of the goods would aim at satisfying the consumers’ superfluous desires, at offering them pleasure and generating benefit to whom sells them and to whom produces them, medication would be exclusively destined to lead the individuals near to the *summum bonum* of a new somatic ethics: health.

Another motive not to include a medication in the class of goods is the process of choice. Whereas the decision about which clothes to buy is incumbent on the consumer, it is the physician – this new kind of health priest – who chooses the medication and among its criteria would be truth and solidarity, that is to say, there would be his knowledge about the illness, his knowledge about the most efficacious substance to fight it and his concern about the patient’s well-being. He would not aim for lucre as the salesman does.

In short, a medication would be the opposite of the typical objects of consumption society: instead of the sensual pleasure, the cure for pain; instead of the superfluous, the necessary; instead of the improvement of a performance, the coming back to what we were before falling ill.; instead of the artificial paradise, the elimination of ill-being; instead of the equivocations and dangers of seduction, the rigour of truth and the grace of generosity.

But the spectacular growth of the pharmaceutical industry since the middle of the decade of the 1980s obliges us to question if, due to

the almost sacred character of medications, the pharmaceutical laboratories would not be selling a new type of indulgence today.

With the economic result, medications were one of the more successful goods in the last 30 years. Here there is a data: the income of the pharmaceutical industry in the world was about 300 billions dollars in 1995 and 800 billions in 2010 (ELLIOTT, 2010a). Since the world population did not increase in the same proportion, this spectacular growth of the income occurred either through the increase of the price of medications or through the growth of the number of people considered sick. Taking into consideration that the prices of medications did not increase so much and that it is virtually impossible to have occurred such a brutal change in less than 15 years in the pattern of morbidity of the world population, part of what happened was simply the result of marketing; but of a marketing appropriate to pharmaceutical industry: the one who sells the illness before in order to sell the medication; in the same way in which the one who wanted to sell salvation had to sell the sin before.

In other words, in order to sell more medications it is necessary to increase the number of people who consider themselves sick or who are considered sick. And, in fact, diverse convincing discourses are being produced by the laboratories with this objective – from advertisements to medical articles written by ghost-writers, as we will see later on. Hence it is the pharmaceutical industry's interest to influence the social subjectivation processes in order to broaden the number of individuals who lend sense to their lives and particularly to their pains, on the basis of the biomedical category of the "illness".

If we had presented the problem in terms of the concept of the society of control proposed by Deleuze, the explanation for the relevance of the pharmaceutical interests in the processes of subjectivation would be more direct, articulating form of capitalism and power procedure. The disciplinary society was associated with the capitalism of production, the emphasis of which resided in the constitution of docile bodies, economically productive and politically submitted. Since the madman was relat-

ed to the sexual pervert and near to the delinquent (FOUCAULT, 1984), the double of the psychiatrist was the policeman: to take care of the one who suffers because of the hospitalization in asylums could be a mere pretext to remove the undesirable and perturbing person from social life. The society of control is associated with the capitalism of super-production (DELEUZE, 1990). The subjectivation processes act in the sense of constituting “good consumers”, able to maintain a “frenetic” consumption standard. The salesman becomes the double of the psychiatrist – and more generically, of the physician – because the sick are more and more constituted as consumers who use medications when they do not “need” to – that is to say in order to modify states which, if the normality criteria of the middle of the 20th century were applied, they would not be considered pathological.

Such as the proximity between psychiatrist and policeman was not an irrelevant theorist’s abstraction – it is sufficient to remember what they did to the dissidents in Russia or to immoral people in the Occident - , the proximity between physician and salesman is a question of image the laboratories try to use in diverse countries of the world. In February 2012, a new agreement was signed which defined the limits of ethical behaviour between the Conselho Federal de Medicina [Federal Council of Medicine] and the pharmaceutical companies operating on the Brazilian territory. It is suggestive that the agreement had to enunciate, for example, that holding congresses on cruisers can compromise the academic dimension of the event; that it is legitimate to finance ticket and stay for the physicians, but the extension of the subsidy to their families is illegitimate; it is not appropriate to distribute financial aid for the participation in congresses having as a criteria the number of prescriptions of a given medication signed by the physicians. Actually if the congress is being held on a ship or on a luxurious resort and if the trip and the stay of the families are being paid by the laboratory, how can we distinguish between the invitation to participate in a scientific event and the salesman of the month award? If this usual practice of the pharmaceutical industry were widely known, a

suspicion about the criteria the physician adopted would float into the patients' minds each time they would be prescribed a medication: did he think of my health or of his next trip??

The marketing strategies

In order to indicate the economic relevance of the practices linked to health care understood as well-being, it is sufficient to refer to everybody's daily experience: firstly, the experience of public space. The urban scenery of the big cities was transformed by the multiplication of sports and body training centres, shops of natural products, chemists, hospitals, buildings of companies dedicated to diagnostic tests or specialized in physicians' consulting rooms, now the experience of private space. In the United States, architects and designers make an effort to renovate the space of the toilets in order to put in a bigger medication cabinet, larger and deeper than the anterior model, actually there is a need for a place for more medications, lotions, creams and "nutraceuticals" (CRITSER, 2007).

In other words, the economic dynamism of the pharmaceutical industry depended on deep cultural changes, which do not originate only in the discovery of new medications. On the one hand, it depended on the increasing cultural acceptance in a specific way related to the consequence of each individual's relationships with himself, with the others and with his future, which are being established through the mediation of technical objects, computers, diagnostic machines or chemical substances. On the other hand, the economic dynamism depended on choosing health as a major value which guides the individuals' decisions. The growth of the pharmaceutical industry was due to a cultural change which chose the care for well-being mediated by technical objects as a major value to be pursued by the individuals. Our technological culture is also a therapeutic culture.

The centrality of the effort to continue being alive, beautiful, young, thin and happy for a very long time in the set of the existential preoccupations helps to explain why the pharmaceutical industry has been

able to grow so much during the last 30 years. But it is necessary to go on asking to what extent this ethical transformation is connected with the impacts of the enormous efforts of the pharmaceutical industries to broaden their market.

In order to reflect on the ethical transformations, it is important to avoid the kind of theoretic reductionism which considers the values and forms of conferring sense on the objects as a mere effect of material conditions as well as the naïve position which puts them in an impenetrable glass bell jar. If the values and the meanings undergo important transformations under the impact of very concrete interests, it is not less true that these very concrete interests constitute themselves on the basis of values and classifications which permit to define which objects (material or immaterial) are susceptible of interest in the first place

It will be important to keep in mind the complex character of such relationships in the following analysis. Its objective is to study the forms through which the marketing strategies of the pharmaceutical laboratories can influence cultural values and meanings linked to illness with the objective to broaden the medication market.

The greatest part of the revenue of the pharmaceutical industry comes from the medications protected by patents and from controlled sale, consumed under the restriction of medical prescription. The economists characterize this market as imperfect, in the sense that the way in which the demand occurs makes it impossible that the consumers' desires adjust the offer in order to reach an equilibrium price: who will consume the product does not decide on the occasion of consumption and, depending on the way in which public health works in the country, the consumer is not either the one who spends recourses, because the medications can be bought or reimbursed by the State (ELLIOTT, 2010a; LAKOFF, 2006).

Given these characteristics, how is it possible to frame the demand for a patented substance? The marketing analysts operate with the temporary difference between creating a market and competing on a market which has already been created (APPLBAUM, 2006). Before Coca and

Pepsi will compete, it is necessary to have a market for soft drinks, that is to say, for sweet, non alcoholic gaseous drinks, which substitute water. Stated in this way, we perceive how much time it took until the individuals got used to the idea of drinking a soft drink when they were thirsty. In the case of a medication, to create the market means to create the illness, concretely, this means to increase the number of people who are diagnosed as ill by their physicians or who diagnose themselves as potential sick people and attempt, afterwards, to persuade their physicians of the acuity of their diagnosis.

A first way of making an illness exist is to act upon those who diagnose, affecting what they know. If the basis of the prescription of a medication must be the physician's knowledge and if the sale of medications brings in much money, you can already anticipate what must be done to increase the revenue: to act upon the proceedings of modernization of knowledge practiced by the physicians.

In some countries the periodic modernization is officially required. The laboratories, in agreement with or in substitution of the universities, started using the practices of continuing education by financing courses and medical congresses (ELLIOTT, 2010b). There is also the strategy to identify and establish a relationship with the physicians as opinion makers of a certain specialty, who then obtain financing for their researches and for giving speeches and participating in round tables. If the relationship is solid, they can be associated with the more and more common practice of ghost-writing (ELLIOTT, 2010a). These opinion makers accept to put their names as authors of articles which were written by the scientists of the laboratories, but which will appear in the most prestigious magazines – that is to say those the physicians most consult in order to get information about a determined illness.

Besides affecting what physicians consider to be true through continuing education and the composition of scientific articles, there is also the strategy to deal with overburdened physicians, who have little time or interest in subscribing to expensive scientific magazines and in as-

siduously reading the articles which are relevant to their specialty. And here is the involvement of a commercial salesman who does not only gratuitously distribute gifts, samples, but who is also able to sum up the supposed scientific advantages of the medication produced by his laboratory in comparison with the competitors' s alternatives – that is to say, the commercial salesmen fulfil a function in the modernization of the physicians' knowledge (REIDY, 2005).

The second generic way of making the illness exist and, in this way, to create the demand for medication is to act directly upon the individual, inducing him to conceive himself as potentially ill, that is to say, by creating means which will oblige him to diagnose himself and to take medical advice in order to confirm the meaning he attributed to his pain and which is the means to be cured. An obstacle to be avoided in this process of thinking of oneself as potentially ill is the credibility of the one who affirms that the illness with determined symptoms, causes and prevalence exists. The laboratories avoid to be considered as agents of the dissemination of this understanding of illnesses, because it would be easy to perceive their interest in broadening their market.

The strategy of taking advantage of other people' s credibility which most interests us in this study is the production of reports in mass media. The pharmaceutical companies (directly or indirectly) attempt to affect what was conventionally called scientific journalism. Further on we will analyse reports published by the news magazine *Veja* between the 2000s and the 2004s, trying to observe to which extend the discourses that are constructed there are in consonance with the objective of the pharmaceutical marketing.

Nevertheless there is still a question. If the basic marketing strategy of the laboratories is to affect that which physicians and individuals consider to be true with respect to the pathological character of their organic and mental states, which illnesses can effectively be "sold"?

The change in the concept of illness

For modern medicine, the anatomic counterpart of symptoms defined organic illnesses. Mental illnesses, on their turn, were defined by the absence of anatomic counterpart. The famous cures through hypnosis of hysterical paralyses by Charcot were the way to define the place of mental illness in the set of pathologies: they suffered, although there was nothing in their anatomy which explained this state. Besides this, mental illnesses, in modern times, are associated with will and deviant acts. People still thought – psychoanalytical vision par excellence – that sexual lack of control and the “equivocations” in the choice of the object of desire were at the origin of all mental illnesses. In synthesis, mental illness, in modern times, only defined itself by symptoms which privileged the deviant act, it was caused by real or imagined sexual transgressions and it was the psychiatrist who diagnosed it.

This conceptualization of illness – if organic, anatomic counterpart of symptoms, if mental, absence of counterpart and manifestation of “*secrets d’alcôve*” in the moral and legal deviation – does not permit market broadening on the basis of marketing actions. In fact, in both cases, illness is a minor phenomenon and to increase the number of sick people faces obstacles. Minor phenomenon because illness is a rare event and it affects, at any moment, a reduced number of people. The normal, in the sense of healthy, was connected with the normal, in the statistic sense, in the sense of that which is more frequent. In *Discipline and Punish*, Foucault writes that the norm mixes truth and law, because it observed regularity and proposed ruling (FOUCAULT, 1996). Hence to normalize is to massify, it is to do so that all are similar because they choose as ideal the regular, the frequent and the predominant

Besides supposing a small number of sick people, the concept of illness made it difficult to be increased. On the one hand, the symptoms without counterpart did not constitute an organic illness and, on the other hand, nobody sought for a physician if there were no symptoms – and thus there was no search for a counterpart without experience of

pain and limitation. In the case of mental illnesses, the association with deviation already guaranteed that the healthy person was also the statistic normal, because it is nonsense to suppose that the transgression is the act wisely practiced by the majority.

This modern experience of illness begins oscillating in the middle of the 20th century, with what is usually called epidemiological transition, originated in the very success of medicine, particularly the development of vaccines and antibiotics. The main cause of death is no more the infectious-contagious illnesses, such as syphilis and tuberculosis and turns to be the chronic-degenerative illnesses, mainly cardio-vascular diseases and cancers. For these illnesses, the temporary sequence “symptom, anatomic counterpart and intervention” is problematic, because either the manifestation of the symptom tends to coincide with death or it appears when no intervention is efficacious.

In order to continue being the privileged form of the effort of the human beings to maintain themselves alive as long as possible, occidental medicine developed the concept of risk factor in the study of the chronic-degenerative illnesses. For these illnesses, it is necessary to diagnose – to discover some anatomic or physiologic alterations – before there is a symptom. Hence what is being discovered is not the already constituted illness, but that which indicates its more or less probable future manifestation. Hypertension, risk factor for cardio-vascular illnesses, was probably the first anatomic counterpart in the absence of symptom. It was also the first way in which the individuals used medication without being ill and without feeling anything.

In fact, the dissociation between symptom and anatomic counterpart was that which provided the possibility of “selling the illness”. For the infectious-contagious illnesses, the strategy to scare and, at the same time, to promise salvation is only possible in cases of epidemic. But, in the case of the anatomic counterpart of a risk factor, that is to say, of that which indicates the eventuality of symptoms in the future, it is possible to increase the number of bearers simply by varying the quantitative threshold from which an anomaly, a probability considered unacceptable to fall

ill in the future is being defined. This movement of the generalization of the condition of bearer implies that the healthy has been disconnected from the statistic normal. In fact, the normal in the medical sense, gains a dimension of ideality which makes a minority out of the healthy; more precisely, something which many people succeed in being under the condition that they consume medications, under the condition that they incorporate a technological prothesis.

When the anatomic counterpart is a risk factor, we have opened an inexistent possibility in the modern concept of illness: people take medication in the absence of symptoms. This market can grow indefinitely, because that which defines the necessity of consumption is the possibility to reduce the chance of falling ill, even if this reduction is minimal.

Besides the possibilities which are being defined by the anatomic counterpart which indicates the probability of symptoms in the future, there is also the possibility of organic illnesses which are being defined only by the symptoms, but which are not mental illnesses. Illnesses are much easier to be sold the more their symptoms are near to what was considered as normality before or as discomfort below the threshold of medical care (ELLIOTT, 2010b). An example is the syndrome of the irritable colon. Its diagnosis occurs through the exclusion of anatomic counterpart – it is not virus, bacteria or cancer – and with the presence of symptoms such as frequent diarrhoea or constipation or with the alternation of these states. The Alzheimer's disease can also be included in this group, because it has no anatomic counterpart, only a functional, symptomatic definition and the separation between cognitive difficulties to define illness and that which would be the result of the natural process of ageing is not neat either (ELLIOTT, 2010b). Hence it will be possible to increase the number of individuals who are diagnosed as being sick; strictly speaking, every elderly person will be able to be medicated. Once more normality is an ideal which is disconnected from that which is predominant in physiological and behavioural terms.

The Alzheimer's disease implicitly indicated a fourth possibility to sell an illness. It is the construction of symptoms the distinction of which

with regard to processes formerly considered as natural is not very clear. The major example is the “erectile dysfunction”, the symptom of which is also susceptible to be redefined, the symptom which makes of every post-adolescent individual a potential sick person. We can propose that, in this case, the normality criteria has no more a natural process as reference but the individual’s well-being, which has become the ideal of happiness.

The normativity of well-being will also be a lever which stimulates the appearance of new mental illnesses and therefore of new consumers. Accompanied by a vision which insists in reducing the subjects’ mental lives to chemical reactions, such normativity converts itself into in the best stimulator for the sale of psychotropics. Actually the fact that a disturbance results from a chemical disequilibrium only indicates the possibility of a treatment with medications, because that which defines any disturbance is no more its cause, but its symptoms.

Besides this, when the reference of a great part of mental illnesses is the individual well-being, the deviation of a normativity is no more the immoral or criminal act, but suffering in its more numerous forms. Relying on the insecurity about the normality of the mental state of each person, an insecurity which is always susceptible to be nourished due to the impossibility of direct access to the others’ minds and incessantly promising to all of us that it is possible to live better, the marketing efforts of the pharmaceutical companies could, in a spectacular way, increase the number of medication consumers by increasing the number of people who considered themselves ill and who are considered ill.

Health news in *Veja* magazine from 2000 to 2004

In the course of this article, we observed how the marketing of the pharmaceutical laboratories is acting in the sense of “selling the illness” in order to sell the medication afterwards. We saw that the marketing strategies include diverse actions which would hardly be able to be propagated without provoking the indignation of the greater part of the medica-

tion consumers. Nevertheless, even more than the particularities of the means which are being used, it is the global effect of the pharmaceutical marketing which causes preoccupation.

Marketing actions can act in an indirect way, attempting, for example, to obtain that which is conventionally called “spontaneous advertising”. The idea here is to produce some event or object which attracts the attention of mass media, since it is widely advertised. When the point is to think about the relationship between the reports which “sell the illness” and the marketing actions of medications we need not necessarily think of a direct purchase relationship of the report on the part of the laboratories, although it does not seem improbable that such practice also occurs. In a way or other, what is important to observe is the way in which reports, in news magazines such as *Veja*, in consonance with the interests of the laboratories, stimulate their readers to face their pains or undesirable conditions as illnesses, to fear such illnesses and to consider medication the best possible way to cure them.

In order to carry out the following analysis, we collected 23 reports of *Veja* magazine between 2000 and 2004. Taking into consideration the conceptual framework we described above about the illnesses which can be the object of marketing, we had 10 reports about risk factors (5 about cardio-vascular illnesses, 2 about cancers, 2 about the necessity of having a check-up and 1 about diabetes), 6 about mental illnesses, 4 about the possibility of avoiding the reduction of sexual activity from middle-age on and 2 about chronic pains. There was still a report the topic of which was the “super medications” produced by the laboratories.

The notorious pro-business attitude of *Veja* magazine limits the range of the conclusions about the marketing strategies of the pharmaceutical industries in Brazil; but the reduction was due to the facility of access through the digital edition of the magazine. Although we recognize the limitation, it is appropriate to say that the qualitative analysis of a sample of reports about depression in this period showed a strong coincidence of topics and content in the magazines *Veja*, *Época* and *Isto É*. There is no reason to suppose that this similarity is only valid for one illness.

As far as the chosen period is concerned, studies about antidepressant drugs in Argentina and Japan show that this is a moment in which the laboratories attempted to broaden the market by globalising the North-American conception of mind and the preventive attitude. At the same time, the restriction, in principle, would permit a greater neatness of the marketing strategies, because it was only from the end of 2003 on, that articles and books which criticized the practices of the pharmaceutical industry appeared. Hence until then, they could deploy their strategies without considering possible criticisms.

We only selected the cover reports. The reason for this choice is the presumption that the topics of such reports were well thought about and investigated more carefully; therefore the weight of the argument about the industrial rhythm of the news production in the explanation of journalistic absurdities is reduced.

The reports about health convenient for the interests of the pharmaceutical laboratories usually present three rhetorical elements. The first approaches the possibility of the illness by proposing that there are more sick people than one thought, that a significant part of these sick people does not know they have got the illness and that not having taken care of it brought them serious consequences – in short that, you, reader, can be ill without knowing it and it is better to take care of yourself. The second element individualizes the illness, by proposing to the reader forms of self-diagnosis. The third element describes the cause of the illness in order to make sure that the medications will be considered a necessary therapy.

The prevalence of the cardio-vascular illnesses and the cancers need not be overestimated, because they are the major causes of death nowadays. To get near to the age in which most of the human beings die already assures that the fear of these illnesses installs itself in our minds. In order to increase the market, it is sufficient to emphasize the efficaciousness of the therapy. Who has a check-up regularly, the magazine tells us, gets inestimable merchandise in exchange: “a greater number of years of healthy life” (VARELLA; POLES, 2000).

The medical analyses are so beneficent that “the middle age of men and women who do them routinely diminished from 45 to 35” (BUCHALLA, 2003) – as it is usual in these reports, we are not informed about the source of these epidemiological data. The exception in the reports about risk factors is diabetes. Relatively unknown, it is appropriate to advise the reader that out of the estimated (who knows by whom) 10 million Brazilians with diabetes, half of them do not know that they are ill and another five million are in the denominated pre-diabetes stage. It is necessary to be concerned with this possibility of being one of the many people who ignore that they are ill or almost ill, because diabetes, slow and sneaky illness, can have effects such as blindness, member amputation, infarction, or stroke (OYAMA, 2002).

A similar argument about the sufficiency of the time used for the production of the preoccupation is valid for the reduction of sexual activity from the middle age on. Since it deals with pleasure and not with advice on the ways of avoiding death, the discourse can be cheerful and suggestive. Testosterone, which is said to be a miraculous drug in the 1650 issue, would be “directly responsible for desire” and restore its loss, “it can wake up sleeping lions” – or transform timid little sheep into tigresses” (OYAMA, 2002). Since the negative consequence of carelessness is only the loss of pleasure which one could have in one’s life, the discourse, which recommends to take care of oneself, is not a menace, but it induces the reader to fight for his right to pleasure. If, in the past, the individuals were resigned to accepting the limitations imposed by the lack of desire, today they “are worried about the problem and they want a solution” (OYAMA, 2002). Because the “new sexual revolution is being gestated in the laboratories” (OYAMA, 2001) and has two pillars: “the re-establishment of hormonal normality and the stimulus of sexual disposition” (CARELLI, 2002).

The reports which deal with mental illnesses and with pain as an illness are those which present the more impressive statistics of prevalence and which alert to the grave consequences of thinking that they are only a discomfort. The chronic pain would affect 60% of the Brazilians and

“it alone can lead to death” (BUCHALLA, 2002). Headache, a torment which affects “nine out of ten people”, when it has the form of migraine, can cause “from gastro-intestine problems to sleep disorders”, even if the patients do not feel pain (PASTORE, 2003).

With regard to mental illnesses, there is aggregated prevalence, for all disorders, of 30% of the population (LIMA, 2004) and the prevalence of specific illnesses, such as the obsessive-compulsive disorder, which would affect seven million Brazilians (PASTORE; NEIVA, 2004) – the group of phobias, for example, would affect 25% of the North-American population. The case of sleep disorders is exemplar: in Brazil, half of the adult population “experiences a poor night’s sleep per week”. But one cannot think that this is a fortuitous ill-being, because the lack of good quality sleep and of the necessary duration provokes “depression, hypertension, contributes to infarction, to brain stroke and to the aggravation of diabetes”. If the reader is not yet convinced of the necessity to take sleeplessness seriously, maybe he will change his mind when he knows that poor sleep causes us to gain weight (ZAKABI, 2003).

After having brought to the reader’s preoccupation horizon the possibility of illnesses, it is necessary to give him the capacity of self-diagnosing. A first way of facilitating this internalization of the possibility is the use of tests. Like in other magazines, the reports of *Veja* present two types of tests: one which measures the level of knowledge and the other which permits the individual to know who he is and identify himself. The knowledge test, which appeared in the report, was about the right to sexual pleasure; with difficult questions, their function seemed to be to tell an individual that he needed to know even more about his body and the possibilities of pleasure it contains. The tests with the function of identification appeared in the reports and informed about cardiac diseases and mental illnesses. In the same way there were quantitative scores based upon the given answers. The difference is that whereas in the case of cardiac diseases, the questions admitted precise answers, in the case of mental illnesses, vague criteria of intensity or frequency permitted the individual to conceive himself as ill if I wished and feared it.

Other rhetorical tools are the use of testimonies, testimonies or life stories of specific personalities narrated in the third person. The first function of these reports is to legitimate the right to pleasure and to get rid of possible stigmas. When the focus is the eradication of the stigma the use of testimonies of celebrities is quite common, stimulating considerations of the kind: “if he has got such illness, I can have it too.”

A second function is the diagnosis based upon an autobiographic fragment, which can be taken again by others. Somebody can, for example, narrate how the illness affected him, speak about the kind of sensations and pains connected with the illness in an intimate way in order to bring the reader near to the described situation and to stimulate him to consider himself as well as ill. Nevertheless such stimulus will be useless, if self-diagnosis is not legitimated, even if going to the physician for confirmation continues to be required. This is why we found stories such as that of Vanessa Anastácio (LIMA, 2004), a student who “discovered that she suffered from depression when she was 23, while reading a report about the topic. She identified herself with the symptoms, went to the doctor and heard the diagnosis”. In this report, Vanessa’s life story appears two pages after a table with the symptoms of diverse mental disorders and treatment suggestions. The story fulfils the function of encouraging the readers to practice self-diagnosis by using the table and it legitimates the treatment suggestions which are offered. We got to know, for example, one of Vanessa’s errors: initially she “did not want to undergo a therapy, because she thought that it was ‘a thing for mad people’”. Nevertheless, afterwards the student corrects her opinion about the treatment. The result is the same as that of virtually all the other reports about mental illnesses. “The cognitive-behaviour therapy, associated with medications, made that she felt better”. In fact, in all the reports of the *corpus* (hence for all the illnesses we analysed), when there were testimonies or life stories of some people, the great majority of them explained clearly that the use of medications transformed, for the better, these people’s lives.

The rhetorical tools in question gain even more importance in the case of reports about pain and mental illness, because the point is to do so that the individuals are able to judge about the normality of their sensations and emotions – pain, sadness, fear, etc. Most of the time, they suggest to the reader that that which seems to be a mere variation in the relatively broad field of normality can actually be an anomaly which requires treatment. In other words, normality begins to be presented more and more as an ideal health state and well-being, hence as a state out of the norm, the more contradictory such definition may be.

Nevertheless with such definition of health, the imaginary difference between medications and drugs is more difficult to sustain. The more health is defined as an ideal state, the more the search for health is equal to the search for sensations of well-being. When mental states linked to pain, apathy, anxiety, etc. alone define an illness, what is the difference, besides the medical prescription, between taking an antidepressant and using substances such as cocaine, heroin or ecstasy?

Maybe due to this difficulty, the entry into the medication market is usually greeted by means of a religious language. The medication appears as the materialization of Good whereas in the reports about drugs, these appear as the materialization of Evil.

In 11 reports, typically after the description of the disturbances caused by illness, the medication is literally introduced by the expression “there is good news” – the techno-medical gospel. Thus the reader is tranquilized or he even wishes to conceive himself as a sick person, because like this he recognizes that he is imperfect in the eyes of the almighty biomedical technology and puts himself into its hands in order to be saved.

This messianic dimension is reinforced by the almost total absence of the discussion about the collateral effects of the medications. Thus they are presented as the only way of salvation to individuals who still want to remove death, alleviate themselves from their daily ill-being and to have what they have the right to: the greatest possible pleasure in this life. If the reports of the magazine had had the intention to

adopt minimally critical viewpoints with regard to the use of medications, it would not have been difficult, if we consider that some of these medications, greeted as new messiahs, disappeared from the market afterwards due to the collateral non-negligible effects they caused.

One the graver cases of the absence of discussion about collateral effects is the proposal of substitution – reiterated in the two reports about pain – of the traditional medications by the new medications. The traditional ones, such as paracetamol, prescribed for babies are old ones, without patent coverage, cheap and bought without the need for a prescription, due to the absence of collateral effects. The magazine accepts to argue that these medications would be dangerous for the treatment of chronic diseases, because their inefficacy would lead to dependency. The magazine wants to persuade its readers that what is really secure would be, for example *Oxycontin*, an opiate, the 160 mg capsule of which stopped being sold in 2006 in the United States because they feared its “inappropriate use”, or *Vioxx*, a medication which was also removed from the market in the same country after a denunciation which said that it increased the risk of cardiovascular diseases and that it had already provoked from 50,000 to 100,000 heart attacks.

In last instance, the contempt for collateral effects and for the costs of the use of medications, in general, summed to the tendency to face illness as the removal of an ideal pattern – happiness for mental illnesses, maximum classification on point in the rates linked to the risk of illnesses for the organic ones – can only lead to one point: to indicate the use of medications for everybody. Hence, one of the reports goes as far as to suggest exactly this kind of thing. As it occurs with the greatest part of the clearly exaggerated or merely absurd affirmations, this one appears in the form of a quotation, attributed to a physician they had interviewed: “now the question is no more to know who must take estatín, but who should not take it” (BUCHALLA; NEIVA, 2004).

Conclusion

In the reports we studied it was possible to perceive the reiterated affirmation that the individuals' lives could improve and be prolonged if they used medications. We can sum up the observations of the anterior section by saying that the way in which illnesses and medications are presented in the reports is, almost always, the sum of some of the following items or of all of them: 1) suggestion that all kind of pain or suffering has an organic origin – which implies to say implicitly that they are curable with medications; 2) contempt for the financial costs and for the collateral effects of medications; 3) exaggerated description, even using religious lexis, with regard to the benefits of the medications; 4) exaggerated description of the horrors of illnesses; 5) suggestion that everybody must live long and in permanent euphoria, without any kind of pain or suffering, so that to continue suffering or feeling pain when you can take a medication is presented as a merely immoral attitude; 6) presentation of the symptoms of the illness in a way which permits that many people consider themselves sick 7) use of rhetorical tools, such as tests, testimonies and declarations, which facilitate the reader's identification with the role of a sick person. The result is obvious: the readers are stimulated to consider themselves as sick and to consume medications, in full consonance with the interests of pharmaceutical industry.

Although *Veja* magazine is an easy target for indignation, it was not the only one, neither in Brazil nor in other countries to contain reports which sometimes seem to be releases distributed by the press advisers of the laboratories. These, on their turn, although they are being prosecuted for using practices which are identical to those of the tobacco industry by hiding data which show that their goods caused harm to the consumers, were questioned here mainly because they broaden the market by making people think that they are sick and that they are thought to be sick.

Anyway the most important of all is not to accuse or to excuse the magazines and the laboratories, but to find a place of questioning which emphasizes our capacity to problematize the relationships which we

now establish with our suffering and death. The marketing strategy of the laboratories seeks to persuade us that we are vulnerable and that we could suffer less than we do. This is a strategy of power which has a long story in the occidental culture and which was already conceptualized by Spinoza and Nietzsche, when they questioned the characteristics of religious faiths and by Foucault, when he criticized normalization and showed its nexuses with pastoral power. Maybe the contemporary form of this strategy deserves to be denominated with the neologism “pharmacolization”, because it enhances how much we idealize the power of medication, using it in an imaginary way in order to deal with the fear of suffering and of dying and to strengthen our hopes of living a long life full of pleasures.

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