

Ascetic Ideal and Medical Truth: The Medicalization of Life and the Will to Power

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Abstract

From the perspectives of philosophers such as Nietzsche and Foucault, this article shows and discusses the existence of an ideal of asceticism in contemporary health field, in which the body appears as something to be overcome, and in fact a central tool for overcoming this. Therefore, it seeks to denaturalize some conceptions such as the following: a) the body as something naturally defective; b) life should be medicalized or corrected; c) there is a proposal to introduce real life, crossed by wanting the truth. This way, the disease can be conceived as an integral part of life itself, and not an element opponent; practices to combat disease manifest a want more, a potency of life, not necessarily need to be thought of as a negation of life, but can be thought of as constituting a set of forces that weave the own existence. As a development, as the doctor responds to the expectations of society in its work to promote health, both he and those who are entrusted to develop a medical practice here called asceticism, in which the pursuit of healthy body appears as an "ideal".

Keywords: *Asceticism; Body; Medicalization; Medical Practice*

Investigations in the field of public health are based, among other elements, on the concept that several factors are associated with the manifestation or trigger of a disease, the primary object of epidemiological knowledge [1]. Thus, by identifying these factors and the way in which they are integrated from the onset of the disease, epidemiology - the core of central knowledge in this domain, can also propose measures for its prevention and treatment [2]. Therefore, it is by submitting or not to investigative findings that individuals and/or populations can protect themselves from illness. Thus, the result of disobedience to the recommendations, in principle, will be illness, just as the result of submission will be health or healing.

From the findings published by John Snow in 1855 to the present day with the theme of chronic-degenerative and/or infectious-contagious diseases, we have witnessed, from the promulgation of medical-normative speeches, the establishment of a sanitary morality. The demonstration that diseases are associated with habits justifies the need for lifestyle changes, in addition to reinforcing the unquestionability of the speeches that are based on findings from studies conducted with rigor.

Depending on the perspectives of some philosophers, such as Nietzsche and Foucault, it is possible to affirm that the willingness to live according to these medical discourses is an integral part of a type of asceticism that we call medical asceticism. Medical asceticism cor-

responds to the set of practices or exercises that aim at both the production, as the dissemination, the incorporation of medical discourses and the evaluation of life based on its manifestations, with the purpose of prolonging existence through the removal of conditions that threaten the health of individuals and/or societies.

Asceticism is generally conceived as the means, par excellence, to obtain the purification of the spirit, of the soul and, in many cases, also the purification of the body. According to Foucault: "It is there, in this practice of exercising the individual on himself, in this attempt to transform the individual, in this search for a progressive evolution of the individual to the point of salvation, it is there, in that individual's ascetic work on himself for his salvation, that we found the matrix, the first model of pedagogical colonization" ([3], p. 83).

It is important to note that the observations made by Foucault refer to some characteristics of disciplinary society. In any case, these are aspects that can be identified in contemporary society, given that the marks of disciplinary society are still perfectly verifiable. It is worth remembering that it is a characteristic of ascetic exercise the belief in a truth or a set of truths, being the ascetic exercises supported by the belief that the realization of them will bring the promised or affirmed results. In the case of medicine, such promises or affirmations called speeches of medical truth, which, unlike religious speeches based on the truth of "Revelation", find their fundamental basis of constitution as true speeches in clinical-epidemiological investigations.

Although it is not our purpose to deepen the analysis of contemporary medical rationality, it seems to us nevertheless important for the intended discussion to point out the existence of forces that duel in the medical scenario, roughly speaking, called health and disease, a phenomenon that helps us to understand the motivations that lead man to use his reason to overcome the disease. In this fight, to win, he uses his intellect to establish a whole logic around which the disease is explained as the effect of a cause or a sum of causes. Thus, a world is built where there is a guarantee of the victory of the truth over the disease and in it, man is not able to live life with all that it can bring about suffering, joy and other feelings, without the need to classify them into good and evil, truth and lie.

Medical asceticism

In medical asceticism we would have two blocks of exercises: the first block, constituted by the set of efforts aimed at producing speeches with scientific credibility, therefore, reliable and worthy of circulation. Such speeches have privileged places of enunciation, that is, they cannot be said anywhere and not by anyone. The second block, in turn, corresponds to the efforts employed to find them, read them, reflect on them and, finally, apply them to their own lives and/or to the lives of others.

It is important to say that in order to judge the scientific credibility of these speeches, readers - and here we refer mainly to health professionals, must take an active stance, as part of this asceticism is the adoption of rules to assess the strength of published works. It is from the use of these rules that the reader will be able to make his decisions. And the strength we are referring to is what clinical epidemiologists call best evidence. Well, the best clinical evidence is that obtained from studies that use more rigorous methods in obtaining and/or validating results related to treatments, so that the doctor uses it not simply because it possibly signals the best treatment, but because, it points safely the best treatment. In other words, strength is related to the level of veracity, agreement between the discourse and reality.

Now, what society expects is that doctors and patients adopt attitudes in accordance with the best "evidence", as the belief is that practices not guided by them are more likely to result in failure, since they are not based on technical knowledge scientific updated. In other words, behaviors that are not based on evidence, but rather "thinking" are called irrational behaviors. Thus, by incorporating the evidence produced into their lives, both doctors and patients would be protecting themselves from the adoption of undesirable aspects for science, such as opinions and intuitions, as well as minimizing the chances of experiencing illness.

Regarding to the privileged places for the enunciation/diffusion of such speeches, legitimate since they are "scientifically reliable", we have some observations. The first is that it is part of medical ascesis to identify articles or findings that, in fact, they maintain some rela-

tionship with the experience, with the concrete situation, with what medicine calls a clinical case. However, it is necessary to know how to locate these articles, and this, as stated by Fletcher, *et al.* "... it is more challenging when it is necessary to initially review a large number of articles, sometimes thousands, to select a small number that is in fact useful. The objective is to reduce the literature to manageable proportions, without losing important articles" ([4], p. 259). In his work *Clinical Epidemiology: Essential Elements* Fletcher presents a set of criteria for tracking such articles. Starting with titles, then with journals and then with clinical motivations, originality and the methods used by the author authors. For Fletcher and his collaborators, many articles may already be excluded due to the inappropriate title given by their authors, but it is the reading of the abstracts that gives the reader an idea if the study on any treatment, for example, used comparison groups and random allocation, good statistical tests of analysis and precision were used.

The 'good' magazines and newspapers, for example, would be precisely those that would condition the authors to prepare structured summaries of their work, with a schematic way of presenting the elements of their investigations: the research theme; the study model; the context, the general characteristics of those involved in the research, the measurements, the results and the conclusions. A work that managed to be published with these requirements, a priori, is considered a 'good' work. Moreover, it is these places, these magazines and newspapers, that will be privileged by those who wish to publish both their findings and update their knowledge. Methodological rigor will establish a greater or lesser level of truth, a greater or lesser force of truth.

In this way, medical asceticism is thus characterized by this observation, by this vigilance over biomedical journals and/or newspapers, it is the daily "walk" over literature and in all the most diverse media where it is published. A look that also implies mobilizing, addressing congresses, seminars, symposia, "scientific" events, bookstores and libraries. A look engaged in a consumer society, complicit in a cycle of truth production, an economy of truth.

Another aspect of this ascesis consists of asking and answering a series of questions, in an attempt that the medical reader or specialist can validate the clinical investigations carried out. We could raise dozens of questions such as those suggested by Fletcher to healthcare professionals. In any case, these are questions whose answers require specific knowledge from readers, as well as a daily and continuous effort to construct possible answers. However, it is possible to recognize that an ideal of asceticism underlies these practices of truth production, publication, reading and dissemination, which constituted what Nietzsche called, in *Genealogy of Morals*, an ascetic ideal, and which we call of medical ascetic ideal, "The ascetic ideal means precisely this: that something was missing, that a monstrous gap surrounded man - he did not know how to justify, explain, affirm himself, he suffered from the problem of his sense. He also suffered from other things, he was above all a sick animal: but his problem was not really suffering, but that he lacked the answer to the clamor of the question "Why suffering?". The man, the an animal more courageous and more accustomed to suffering, it does not deny suffering in itself, it desires it, it even seeks it, as long as it is shown a meaning, a reason for suffering. The meaninglessness of suffering, not suffering, was the curse that hitherto had been stretched on humanity - and the ascetic ideal offered it a meaning! So far it has been the only meaning; any sense is better than none; the ascetic ideal has so far been, however, the "faute de mieux" [mal lesser] par excellence ([5], p. 148-149). For Nietzsche, the meaning we give to our existence, including suffering, is the ingenious "medicine" that man invented to support the question: "What is there for me non Earth?". To this something that was lacking, to the horror of the vacuum, man, in different ways, sought to respond, either by the interpretations he gave to the facts, or by the valuation that they had in their existence. With that, he managed to anchor himself, take root, have orientation, an objective.

So, what we call the medical ascetic ideal is characterized mainly by the intellectual effort in the production and search for truths, which are supposed to be able to heal and/or correct the body and existence. The asceticism practiced in medicine occurs in the perspective of an ideal that is not different from that spiritual religious perspective, in the sense that there is something in common between them: both work with "articles of faith", take "truth" as a reference. Thus, the elaboration of conduct regimes, aiming at the defense of society from diseases and epidemics, would correspond to the proposal of a code of "salvation", an asceticism, through which it is intended

to exercise effects of reparation, because it is believed, equally, in the advent of something better; specifically, a better, perfect body, with the possibility of extending its longevity. In medicine, too, we believe in another world, free from accidents and adversaries from the body, from the body that it wants to prolong. To this body, it always has something to say, in order to lead it and to preserve it.

However, the disease considered as an error or deviation, which medicine seeks to correct, cannot be thought of as “that” even though it constitutes life itself? That is why the mistake that we suspect is present in this medical ascetic ideal, is not to admit man as a living person condemned to “make mistakes” and “make mistakes” always, and that all of this, including getting sick, is just simply living.

In this sense, “practices that lead to illness” or practices of “disobedience”, would be, in the Nietzschean perspective, manifestations of “will to power”; constitutive practices of a game of forces. Foucault, in an extraordinary way, in his archeogenealogical analyzes, recognized in the birth of the clinic, the hospital, the specialized outpatient clinics, in the institutionalization of anamnesis and exams, practices that constitute a power he called biopower. In this sense, under the medical speeches of protection, there are not only dedications to the truth, the elaboration of scientific rigor, the desire to safeguard humanity. The removal of their masks, by genealogy, will reveal to us the amendments, the sutures, the “calculations” that gave rise to what has been of value to us for tens of years.

It is important, not to forget, Foucault’s collaborations regarding the conception that, on the one hand, there are no doctors who hold power, and on the other hand, patients who suffer from its effects. Power is not an object that is in the hands of a group of people, like a ball, and that from time to time passes from hand to hand. Power is a relationship. Thus, the resistances or disobediences that occur within this relationship are, in reality, characteristic of the relations of force or power [6].

In this way, the man of “knowledge” is nothing more than the result of a very primitive instinct which is the “survival instinct”, and, therefore, the discourses elaborated by this instinct are “indisputably” moralizing. The founders of morals who set new goals for humanity, new directions for men, the announcers of a “new horizon”, they come from this survival instinct. So, it is evident that salvation workers, working in the interests of the species, for the sake of the species, promote faith in life. “It is worth living”, “protect yourself”, “prolong your existence”, are some of the cries announced.

It is thanks to the instinct to survive or the will to live that the activity of these professionals promotes changes in society, so that human existence starts to have a growing and renewed need for such masters and their survival teachings. Changes came and come from changes in behavior; the establishment of the victory of knowledge about what threatens the lives of our species requires the use of a specific artillery, a determined regime, the adoption of a determined posture. Now, wanting to survive and live intensely requires an effort, a work of the ascetic type, where two complementary components are present: the submission of the body to authority and the performance of exercises in accordance with the predefined rules. In the case of health professionals, they must submit to the authority of scientific discourse; authority confirmed by its publication in biomedical journals and/or “qualified” newspapers. This submission is verified by using the conclusions and recommendations of the investigative findings. However, the same health professionals who submit to the authority of biomedical literature are also authorities in confrontation with their patients, because in the case of patients, this submission occurs through obedience to the recommendations and prescriptions of these professionals. In all of this, we find the disciplining of bodies.

The medical ascetic exercise would, therefore, have the function of subjecting the body to scientific truth, with the expectation that it would correct it, perfect it, assist it in the fight against the disease. It is in the search for an ideal body that health scientists do not cease to produce the truth, that institutions continuously encourage the reading and application of new knowledge. For the physician, researcher or not, what supports his practice is an a priori, which is the finding, the results of the investigations, the recommendations of the most recent published studies. The problem is that he believes that this truth is the reality, when, in fact, there are only appearances.

Now, the core of the Nietzschean project of “transvaluing all values” was his criticism of the idea of truth considered as a “superior value” [7]. When the truth, in our case, the medical-scientific, is conceived as an ideal, as something that gives meaning to the lives of some, it seems appropriate to question this valuation. The importance of the Nietzschean project to the question we are presenting is that its criticism is not that of the misuse of knowledge, but of the very ideal of truth; it is the question, not of the truth or falsity of a knowledge, but of the value attributed to the truth, or of the truth as a superior value; it is denial of the prevalence of truth over falsehood.

Another aspect that can be signaled is that in the rhetoric present in medical practice, the doctor generally aims to persuade his patients about the importance of treatments, but is not committed to teach them to distinguish true from the false, nor to be suspicious of what he passes on to him, of what he teaches him, of his motivations. Nonetheless would that be, by chance, the role of medicine: teaching to distrust the truth? No. In any case, it is not possible to conceive medical knowledge independent of morals. In our view, the physician would need to exercise a semiology applied to morality, if he wants to know the real meanings, the real dimensions of his practice of passing on truths.

Medicine and metaphysics

Strictly speaking, there is no science “without assumptions”. The assumption is what gives direction and meaning to the researcher and the scientist, so that it is possible for them to employ or develop a method. Well, this not wanting to be deceived, and this not wanting to deceive already signal that we are in the field of morals, and that life appears as composed of simulations, appearances, errors, before which science would have the function of decipher them, recognize them, in an attempt to get rid of them, as if they were something dangerous, harmful, disastrous. In this way, the man of science would affirm another world, other than that of life and that of history, which, according to science, would be full of self-deception and appearances.

The application of health information, in favor of vitality, would thus be a life-affirming practice and, the search for this information, “medical truths”, instruments of the will to power. Medical truth is, in the game of forces, a force with which the body is allied to fight diseases, so the search for truth is a desire for expansion, asceticism, an asceticism capable of forming a new body, another body, expression of this will to power. Thus, an affirmative asceticism of life is manifested by the care for the body, with the adoption of “measures” of protection, by obedience to the command. For a force that wants to preserve itself, that wants more power, must undoubtedly remain intact. Thus, the medical-scientific “truth” can constitute, in fact, a very strong ally of the non-metaphysical ascetic.

The provocations of the German philosopher in no way invalidate the importance of medical advice for the health of the body. The point is that everyone, doctors and non-doctors, seems to forget that we are trapped in a world that does not correspond to that of realistic representation. What we perceive of the world is the result of the interaction of our senses with everything that surrounds us. We measure the world from our perceptions, and as they condition our experiences, our conception of the world is limited.

The tremendous mistake of some is the belief that man’s life must be devoted to knowledge, that individuals are born to know, that everyone should be educated. For this reason, a series of contents of mathematics, physics, biology and history is imposed on man, for example. But, “was not all our reflection on morality absent from our education, and even more so its only possible criticism, the severe and courageous attempts to live according to this or that moral?” ([8], p. 139). Man, in general, is not encouraged to doubt, to ask for the foundations of the truths taught. For Nietzsche, the truth does not designate an opposition to error, but a position of different ways of looking. What we do is: observe something and look for a reason; we look for a subject, an agent. We also believe that one event is a consequence of another. However, this instinct for causality is only the fear of the uncommon, it is the attempt to discover, in the unusual, something known; it is the search not for causes, but for the known. Man cannot stand doubt. But this world is an error: “... man seeks” the truth “: a world that does not contradict itself, that does not deceive, that does not change, a true world - a world in which one does not suffer [...]” ([9], p. 305).

When Nietzsche affirmed that the world is the will to power, he puts life as perpetual death and, in this way, sees life as an eternity. Instead of the life beyond, this life is eternal because it is change. Thus, the dualisms: health and disease, life and death, can be thought of in another way.

The ascetic body

Michel Foucault, in *The Birth of the Clinic*, will say that, as opposed to “philosophical” knowledge, the disease is due to a “historical” experience; the history, he will say: “It brings together everything that, in fact or in law, sooner or later, directly or indirectly, can be seen. A cause that can be seen, a symptom that, little by little, is discovered, a principle that is readable at its root are not of the order of “philosophical” knowledge, but of a “very simple” knowledge, which “must precede all others” and which situates the original form of medical experience ([10], p. 4).

This look of the doctor is directed to what is visible in the disease from the patient who presents it. “And that look, progressing, retreats, since it only reaches the truth of the disease, letting it overcome it, avoiding it and allowing evil itself to realize, in its phenomena, its nature” ([10], p. 9). The body is not only the place where a revelation takes place; it reveals itself in the disease, in its truths, under a certain look. Communicating body and disease. What was invisible and therefore ignored comes into existence, acquiring images and records, directing that same look that removed the veil; it is the disease mediating the relationship between body and medicine, it is the body mediating the doctor-disease relationship.

However, communication between body and disease, whether to the patient and above all to the doctor, is only noticeable through a qualitative look. It is this qualitative view of the doctor that classifies the disease, while subtracting the patient with his singularities. It is a look that lurks, that penetrates, that classifies and evaluates. A look that is given to the patient, under the medical magnifying glass, is just the disease acquiring singular traits, constituting a set of qualities that are shown and that vary. A look that, when going through the diversification of the disease and the association of its movements and forms, constitutes the incessant search for totality and unity through the registration of the infinite and variable series of its manifestations.

The fundamental act of medical knowledge, when classifying the individual as sick or healthy, is to situate symptoms in diseases; what does not necessarily happen through an encounter between doctor and sick individual, between specialized knowledge and perception, but it operates through a crossing of information from medical records; a priori information, strange to each other, but that interconnected will give rise to certain figures. Systematized movement of findings sufficient to unfold medical ‘consciousness’ and fabricate sick subjectivities.

This medical view not only circulates within the hospital-care space, but will be distributed to the social space, so that the doctor generalizes his presence, thus exercising constant, mobile and diversified surveillance. In this way, we have the medicalization of the conscience of each individual. It will be necessary for each citizen to be informed of what is necessary and possible to know in medicine. Furthermore, each practitioner should add a teaching activity to his watchdog activity, as the best way to prevent the disease from spreading is still to spread medicine [10].

Those facts, formed and extracted from the body itself, integrating and forming a medical conscience that is used by individuals with the purpose of leading and governing the body. Now, Foucault, in his archeogenealogical research, demonstrated the emergence due to the search for a ‘truth’ that appears in the body and with it - two important myths: “the myth of a nationalized medical profession, organized in the manner of the clergy and invested, at the level of health and the body, of powers similar to those it exercised over souls; myth of a total disappearance of the disease in a society without disturbances and without passions, restored to its original health” ([10], p. 34).

These myths are, in Foucault’s perspective, isomorphic; express the same project of medical experience, since the rigorous, militant and dogmatic medicalization of society, through an “almost religious conversion” and the implantation of a therapeutic clergy, will find

its echo in a society that never ceases to report this same medicalization, its triumph over the disease, in a corrected and unceasingly watched environment. They are the symptoms of wanting to be free, of wanting to “purify”.

The relief of physical miseries, promoted by the public, disinterested exercise of the doctor, the ‘humanized doctor’, is the rediscovery of the Church’s ancient spiritual vocation, the exercise of those who watch over the health of souls. Hence Foucault’s question: “Aren’t doctors the priests of the body?” Indeed, the medical exercise that deals with the bodies, in a way, corresponds to the exercise of the priests. Thus, we have for the body the establishment of a regime, a diet, disciplines that aims to deprive it of everything that may be responsible for the disease, the imbalance, the damage.

A priori, the body itself does not aspire to these disciplines, however, without them it is unlikely that there will be medical practices of government, correction, normalization and healing. Moreover, this willingness of medicine to govern the body, to submit it, finds in the medical findings and statements endless possibilities to diversify, both through grammar, and by confronting the experience of finitude. One of Nietzsche’s criticisms of the civilization of his time was the depreciation of the body in relation to the soul. Not that he admitted the existence of a soul, but he fought that dualism. Both religious, philosophers and scientists saw the body as a counterpoint to “truth”, to “reality”. Only the body is movement, a “wave agitation”, and this movement is vital. The mistake of those who favor the intellect, the ratio, is that the “truth” they cultivate so much is a necessity, an invention without which man cannot live. There is nothing shameful about that, but seeing life as a pessimistic burden, something destined to the true, to immutability, is, for Nietzsche, “the great disease”, it is the refusal of movement, of becoming. And opposing this, Nietzsche proposes a policy: that of “great health”.

Great health

What does “great health” consist of? What is the relationship between philosophy and health? Nietzsche, in *Gaia science* (cheerful science), in his prologue, talks and thinks about such an association. But he does it starting from his own personal experience and overcome it, in his own relationship with philosophy. However, this “self-overcoming” takes you to a point where the philosopher is able to “diagnose” the conditions that lead to illness and, consequently, the recovery of his health. For Nietzsche, the body is a place of separation from the waters of his philosophy, with respect to the tradition of his time.

However, let us leave Mr. Nietzsche aside: that we have with the fact that Mr. Nietzsche having recovered his health? ... For a psychologist, few questions are attractive such as the relationship between philosophy and health, and, if he himself becomes ill, he will take all his scientific curiosity to the disease [...]. In a similar way to the traveler who plans to wake up at a certain time and quietly gives himself up to sleep: so we, philosophers, getting sick, subject ourselves to illness of body and soul for some time - as if we close our eyes to ourselves. Additionally just as he knows that something does not sleep, that something counts the hours and will wake him, we also know that the decisive moment will find us awake - that something will jump and it will surprise the spirit in the act, I mean, in weakness, retreat, surrender, hardening, darkening, that on healthy days the pride of the spirit is against you [...]. After such an interrogation of oneself, experimentation with oneself, we learn to look more subtly at all the philosophizing that has happened until now; we were more able to come up with involuntary deviations, parallel paths, points of rest, solar points of thought, to which thinkers who suffer are taken and enticed precisely because they suffer; we now know where the sick body, with its need, unconsciously pushes, impels, attracts the spirit - to the sun, peace, softness, patience, medicine, balm in every sense. Every philosophy that puts peace above war, every ethics that negatively apprehends the concept of happiness, every metaphysical and physical that knows a finale, a final state of any kind, every predominantly aesthetic or religious longing for an Beyond, Beside, Above, Outside, they allow us to ask if it was not the disease that inspired the philosopher [...] and I often wondered whether philosophy today, in general, was not just an interpretation of the body and a misunderstanding of the body ([11], p. 10-12).

Here is the radical and untimely Nietzschean thought: it is not reason or spirit that thinks of man, but it is in the body that we can find the genesis of thought, of the anxiety that leads us to create, to establish our beliefs. It is from the body that we interpret life, the world

and our existence. Thus, all the valuation that science and philosophy made of the existence of man, from considering the intellect as the thinking matrix, is nothing more than the symptom of an illness. And, for Nietzsche, and this is his prognosis, one of the ways for man to overcome this disease is to rethink the relationships between inside and outside (between the subjectivity of consciousness and the objectivity of what surrounds him), between the here and the there (the corporeality of its existence and the spiritualization of reason), between what is immersed and being on the surface (being affected by daily life or avoiding it), between immanence and transcendence (taking decisions of thinking and to act in the face of admitting the existence of scientific instances as the only true and legitimizing actions of man).

The break with these polarities, or antitheses, is one of the first challenges that man has before him for the recovery of his health; only in this way will he be able to enter into an apprenticeship which is to learn to transit through all dimensions of his existence, for the plurality that constitutes the body and for the specificity of what he calls the soul or reason. So that these elements, conceived as opponents, can be thought of as one thing only by a man that Nietzsche designates as *Übermensch*, the beyond-man, or the man of "great health".

Conclusion

The search for a healthy body, in medical asceticism, appears as an "ideal". We would have enormous difficulties in counting the amount of cognitive material made available, each day, in order to produce this idealized body. But in reality, what matters in medical asceticism is the ability to produce knowledge, to circulate information. Coupled with medical asceticism is cognitive capitalism.

We are currently witnessing the establishment of new normalization processes under the demand for a new morality. The improved life has become an artifact. New formats of existence are being devised. The new straitjackets are neurochemicals. Neurochemical life is the new way of controlling the threatening impulses of social interests.

Unlike the medical ascetic, who is praised to the extent that he is able to create models, the "great health" ascetic, a Nietzschean proposition, refuses models, does not support copies and seeks to affirm and welcome life in its plurality and diversity. The ascetic of "great health" does not claim to establish an ideal body, since life is not, by him, depreciated based on normative parameters, but life is taken as what it is, because the life as it is, is what should be.

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