



THE MORALITY PRESENT IN THE HYGIENIZATION PROCESSES: THE NURSE AS A DISCIPLINARIAN ELEMENT OF THE BODIES

*^{1,7}Geysa Santos Góis Lopes, ^{2,7}Isaura Letícia Tavares Palmeira Rolim, ^{3,7}Helder Machado Passos, ^{4,7}Santana de Maria Alves de Sousa, ^{5,7}Paloma Rocha Reis and ^{6,7}Kezia Cristina Batista dos Santos

¹Master Student in Nursing at the Federal University of Maranhão, São Luís, Maranhão, Brazil

²PhD in Nursing, Professor of Department of Nursing, Federal University of Maranhão, São Luís, Maranhão, Brazil

³PhD in Philosophy, Professor of the Department of Philosophy, Federal University of Maranhão, Maranhão, Brazil

⁴PhD in Social Sciences, Professor of the Nursing Department, Federal University of Maranhão, Maranhão, Brazil

⁵Master Student in Nursing at the Federal University of Maranhão, São Luís, Maranhão, Brazil

⁶Master Student in Nursing at the Federal University of Maranhão, São Luís, Maranhão, Brazil

⁷Graduate program in Nursing (PPGENF) – UFMA, São Luís (MA), Brazil

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ABSTRACT

The present philosophical essay aims to reflect on the intention to moralize the bodies through the processes of hygiene and on the nurse's role as a disciplining element. An analysis is carried out within the context of the hygienist ideal, establishing a dialogue with contemporary authors such as Foucault and Caponi. In the late nineteenth and early twentieth century, signs of the hygienist movement were observed in innumerable governmental actions in Brazil, whose aim was to replace the *old* moral with a *new* moral. Hygiene habits, when judged to be morally or socially undesirable by the nurse, should be corrected, taught, disciplined, and thus normalized. To perform the bath, it is necessary to strip the body, making it vulnerable. At that moment, the nurse has the ability to decide how she will exercise her power: whether in a liberating way or in a castrating and abusive way. Final Considerations: Reflections with a philosophical approach make us think beyond the obvious, pointing out ways for nurses to help the bodies to exercise their autonomy.

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INTRODUCTION

In the late nineteenth and early twentieth century, signs of the hygienist movement were observed in innumerable governmental actions in Brazil, which cooperated to the emergence of a current thinking in society: a *new* morality should replace the *old* moral. In this perspective, medical knowledge, in a wide and massive way, directed its efforts on the individual and social body, transforming conceptions already established in society with the aim of social control (MACHADO, 1978). In order to consolidate these new values and customs, it was necessary to form a new model of individual that would meet the current political and economic demands of the time, associated with the structural changes, the reorganization of cities, such as street construction, investments in basic sanitation, schools, etc.

*Corresponding author: Geysa Santos Góis Lopes,
Master Student in Nursing at the Federal University of Maranhão. São Luís, Maranhão, Brazil.

And it is at this juncture that a new way of thinking about hospitals emerged, designed as a stage that would allow the almost theatrical performance of modern scientific knowledge, supporting interventions on diseased bodies and bringing new perspectives on the concept of body and health (MACHADO, 1978). Thus, this therapeutic place, as one of the institutions of kidnapping (FOUCAULT, 1999a), has as attribution the control of the bodies. Dominion that takes place from the establishment of the place that will occupy in that space, passing through the uniformity of the clothes, until reaching the body that becomes platform for hands, looks, manipulation, moving away its singularity, values and beliefs. In this sense, the nurse's role comes on the scene, as an adjunct to the physician's figure, exercising her actions contaminated by hygienist discourse, helping in the control of bodies (KRUSE, 2003). After a brief contextualization, the present work aims to reflect on the moralization present in the processes of hygiene and the role of nursing as a disciplinarian

of the bodies. *A priori*, an exposition will be held on the hygienist movement and the means used for social control in Brazil in the temporality of the second half of the nineteenth century. In the sequence, we will contextualize the emergence of the hospital as a scenario conducive to the achievement of hygienic ideals and, finally, nursing as an enabler of moralizing of bodies through the experience of corporal hygiene.

The hygienist movement and the banner of social control

The hygienist or sanitary ideal emerged in Brazil in the late nineteenth century and entered the early twentieth century, imbued with attention to the health of the population, both from the perspective of the collective and the individual. Their strategies were directed towards health and public education and teaching new hygiene habits, with the purpose of forming the morale of the population and the Brazilian national identity (GÓIS JÚNIOR, 2003). The recognition of the population as a legacy, as the main resource of the country, consisted in the central understanding of the movement and this thought is spreading to the present day. In this historical cut and from the perspective of capitalist production, the body came to be seen as a moldable mass that should be built to serve. Thus, the corporal expression began to be regulated by an innovative form of power: the disciplinary power. According to Foucault, in his book *Microphysics of Power*, this type of power was established in innumerable social institutions with the aim of "subjecting the body, exercising control over it, acting in a coercive way on space, time and articulation of body movements" (FOUCAULT, 1999b). With the intention of ensuring the sanitation of cities, the State establishes links with medical practice, based on the scientific principles in focus that would enable the transformation of individuals, encouraging the standardization of people's behavior, changing habits and reaching a body control and the minds of individuals.

In this way, the state would be supported by social medicine, in order to achieve a more audacious project: to lead society to civilization (MACHADO, 1978). In the national scenario, this new way of thinking can still be visualized through the actions undertaken by the sanitary doctor Oswaldo Gonçalves Cruz. In 1904, the young scientist engaged in the fight against yellow fever, bubonic plague and smallpox that devastated the then federal capital, Rio de Janeiro. However, Oswaldo Cruz found a lot of resistance from the population that violently rebelled against several of his measures: sanitation campaigns, disinfection of housing, compulsory vaccination in bulk (GÓIS JÚNIOR, 2003). To reach the stage of health, several elements should be in perfect harmony: air, water, streets, housing, and all social spaces should be regulated in order to avoid the spread of major epidemics (DURÃES, AGUIAR, 2008). In this way, the relationship between dirt and disease was established, between the lack of planning and the cleanliness of urban spaces and diseases. And under the aegis of population health, medical practice and the State advocate and build a hygiene policy. In this context, the body of the *old* man, full of bad habits and customs, would be subject to a more austere control by medicine, in the figure of the doctor and later of the nurse, and by the institutions, like the school, or, if it was a sick body, by the hospital. These key elements would be responsible for imposing a new way of thinking, of behaving, in order to form an acceptable subject according to the new principles of society. Of course, in an attempt to shape

the body, the singularity of the individual, human dignity, and autonomy disappeared (MACHADO, 1978; KRUSE, 2003). Under the hygienist's eye, to form a hygienic man, it was necessary to control the family, because it was the primitive cell that would propagate the ideals of the Government, by caring for the processes of sanitizing bodies, ordering space and time, avoiding vices, misfortunes and any other noises that would alter the imposed order. Referring to the role of the family in this context, Caponi (2000) says: "(...) Among the institutions that take charge of the medicalization of the bodies, there is one considered privileged, of greater importance than the new therapeutic hospital and sometimes becomes their most effective support" (CAPONI, 2000, p.83). And Foucault corroborates this idea in his work *Microphysics of Power*:

The medical policy developed in the eighteenth century, in all European countries, has as a reflection the organization of the family, or rather, the complex family-children, as the first and immediate instance of medicalization of individuals. It had the function of articulating the general objectives related to the good health of the social body with the desire or need to implement individual care. It allows the articulation of a "private" ethics of good health (reciprocal duty of parents and children) with a collective control of hygiene and a scientific healing technique that is ensured by the demand of individuals and families (FOUCAULT, 1999b, p 200).

Hospital: body control space

The hospital institution moved from the space of assistance to the poor in the eighteenth century, to constitute a space for the patient who needed to be cured in the nineteenth and twentieth centuries and thus became a medical place and medicine became hospital (KRUSE, 2003). According to Foucault (1999a), the restructuring of the hospital took place through the bias of the discipline, where disciplinary mechanisms were easily glimpsed in institutional routines, such as through the spatial distribution of people, constant vigilance of all faces and bodies and by the requirement of a thorough recording of all acts performed by the health team and the general conditions of the patient, among others. The hospital, which used to be a stage of care provided to the poor by religious groups or consecrated women, is gradually transformed into a reorganized space, where the physician's role is to supplant the religious, and he becomes an instrument of "examining". And examination was the starting point for the production of docile bodies, representing precisely the difference between the wild body and the civilized body. The discipline goes on tracing the hospital institution in the same way that permeated the school, the army, convents. The manipulation of the bodies begins, of the behaviors through a power that invades the private space to disarticulate it and to compose next, making emerge subservient bodies. In his work *Microphysics of Power*, Foucault reinforces this idea by explaining that "[...] hospital discipline has the function of ensuring the scanning, surveillance, disciplining of the confused world of the patient and of illness, as well as transforming the conditions of the in which patients are placed" (FOUCAULT, 1999b, p.108). In the hospital environment, the reducing elements of individuals were evident (and still are! Devices that kept them prone to manipulation and which made them an object of surveillance. Words such as order, routine, scientific principles, time

control, and efficiency were often uttered and worked unceasingly to attain them (KRUSE, 2003). The coercive power over the hospitalized bodies was in place. Thus, there is clarity that the hospital had an important role in the execution of a larger state project that had as its fundamental point the construction of a strong nation, composed of hygienic, moralized, civilized citizens, thus contributing to the strengthening of a new social order. And it is in this context that nursing is placed as an important element to enable the moralization of bodies.

The nurse as a disciplining element and a means for achieving the moralization of bodies through bodily hygiene

When analyzing the way the work process was performed in hospitals, in several respects we were able to visualize ways in which the discipline of bodies materialized: the bed layout allowed (and allowed) a constant observation of the patients, having their behaviors and attitudes monitored full time. The jobs of the health team were (are) located in such a way that, under a single glance, it was possible to have a total view of space and bodies. The procedures were performed following a rigid routine, a linear sequence, and the execution time was controlled. In this space so watched, nursing techniques, which are no longer instruments of discipline, are being delineated and consolidated as practice and organized and systematized knowledge. In the writing *Watch and Punish* it is indicated that "the discipline can not identify itself with an institution nor with an apparatus; it is a kind of power, (...) a technology" (Foucault 1987: 177). This discipline focused on the execution of practices that led to both increased productivity and the production of the docile body. Backed by the discourse of healing of diseased bodies, nursing techniques, by demonstrating efficiency and effectiveness and bringing positive results, gain attention and value in the hospital context and determine a new "microphysics" of power over bodies.

Foucault, in discussing the institutionalized man, makes us think of how power over bodies was (are) exercised, rendering men docile and useful, according to what was desired by society. "A technique that is centered in the body, produces individualizing effects, manipulates the body as the focus of forces that must be made useful and docile at the same time" (Foucault 1999: 297). Due to technical bias, the control of the hospital environment became more rigid, since, for the execution of the procedures, there was a well-established routine, the time interval to be performed, the material to be used: bladder catheterization intermittent should be performed every four hours, the bath should be given, once a day, in the morning (KRUSE, 2013). The hygienist's idea was to discipline the body to make it more productive and to shield it against pathologies that would prevent it from fulfilling its socially determined role and consolidate a *new* morality (KRUSE, 2013). From this perspective, we will reflect on the nursing technique performed by nursing as a means of achieving these goals. According to Vigarello (1996), the narrative of the habits of corporal hygiene was transforming through the ages, whose conception moved from a transgressive practice to a practice of order, transiting from the public space to the private, to the point of its history be confused with the history of social hygiene. The evolution of concepts and meanings related to body hygiene had as a background the cultural values and scientific thoughts of the

time. At the beginning of the nineteenth century, hygiene gradually became a specific discipline within the medical sciences, and then became a specific knowledge of Modern Nursing. For nursing, warm water and soap in the bath produced cleaning. But in addition to the materials needed to perform the technique itself, other elements were also valued: habits, customs and cultural determinants were part of that moment (PAULA, 1968). To illustrate, we transcribe below excerpts from an article published in the journal of the School of Nursing of the University of São Paulo, in 1968, on the objectives of bathing in the bed:

We know that when we take a bath in the bed, we spend a relatively long time, which allows a more direct and intimate contact with the patient, which should be used systematically.

(..) The bath, therefore, cannot be restricted to the removal of impurities from the skin, should also aim at meeting basic needs for the recovery of the individual. When we predispose ourselves to giving the patient this hygiene care, some points need to be objectified.

The general objectives could be identified as follows: comfort, help in diagnosis and treatment, health education. If your unit or person exhales undesirable odors, they should be eliminated. The final appearance of the patient and the unit should be pleasant so that he is able to maintain good contact with the people around him. The use of time and communication between the nurse and the patient during the bath is one of the best opportunities for health education (PAULA, 1968, pp. 102-107). (emphasis added)

If we look closely at this description, we realize that there is an appreciation of the time control and the way it should be used, which should be efficient and generate good products from the patient/nurse interaction. We also noticed a concern with odors, the appearance of bodies, following a perspective of decency and maintenance of good presentation for social contact. There is a focus on the morality required by social principles. We also noticed that the bathing moment should be used to carry out sanitary education, with a clear influence and appreciation of the aspects of the hygienist movement, whose discourse emphasized that a population that accepted cleanliness would soon accept order and discipline. Bodies, when they conform to the morals of their time, are considered good bodies. And when they do not fit, they are reduced to bad bodies. For the individual to be elevated to the category of good subject, he must be a clean, aligned, organized, neat subject. Hygiene habits, when judged to be morally or socially undesirable by the nurse, should be corrected, taught, supervised, disciplined, and thus standardized. In this "correction", the exercise of reducing power and the disciplining mechanism adopted by nursing are evident. According to Salvado (2010), the reductive power through care is shown through authoritarian and domineering attitudes, in which we show a lack of stimulation for the other to be cared for, to manifest their potentialities, abilities and to evolve personally, thus preventing the life as an autonomous existence. When thinking about the exercise of autonomy, we necessarily start from the assumption that the body is endowed with wills, desires and these are expressed through actions from their choices. In this scenario, we must think of the nurse as an instrument that enables the patient to exercise his autonomy, giving him the faculty to accept or refuse a certain procedure, thus exercising a liberating power. In his doctoral

thesis, Salvado explains that "(...) The power delivered by care is liberating when it comes from the willingness of the nurse to want to undertake joint action with the patient and when he uses the capacities of both, allowing them to develop or are simply used" (SALVADO, 2010, 38). According to Caponi (2015), the discourse of healthy hygienic habits was, in a way, imposed and, at some moments in history, even with police force, but, little by little, was incorporated by individuals with a certain acceptance. There was a sanitary intent to moralise conduct and a belief in the association between physical conditions and moral conditions. Thus, we can think of the figure of the nurse as an important means to guarantee a care whose goal was to moralize from the experience of cleaning the body.

FINAL CONSIDERATIONS

Throughout this reflection, we seek to list some conceptual and theoretical elements to analyze the exercise of power exercised by the nursing team from an understanding of the experience of body hygiene in order to moralize the bodies. The understanding of the theme under a historical perspective, clarifies the present, illuminating obscure aspects, making us reflect on how, over time, the meaning of body hygiene has been transformed and characterized as fertile space to achieve the moralization of bodies. In the course of the nineteenth century, it was possible to verify the combination of space, body and morality, culminating in the implementation of therapeutic plans that, at bottom, were nothing more than moralizing behavioral tricks. Of course we cannot think that every technique, that every body of knowledge of modern nursing had the sole intention of performing social/moral control. However, it would be very puerile to deny this association, leading to the continuity of a certain exercise of power.

In the course of the narrative, it is observed that bodily hygiene, in addition to curing the body, proposed not to instigate order. As Vigarello (1996) states in his work that "there was a moralization of cleanliness: the objective was none other than to transform the customs of the most disadvantaged." Thus, body hygiene was seen not only as an element of cleanliness that sought to ensure a healthy life, but also as an instrument of morality. The trained and disciplined bodies showed a morality through clean and organized bodies. Being healthy was not enough. The body (and the face) as the first thing to appear in the eyes of the other should appear healthy through the aspect of cleanliness and be aesthetically beautiful: being neat, aligned, admired, vigorous, well-proportioned. It is important to think about the relationship established between nurse and patient during the process of sanitizing the body as a space of privacy and vulnerability. To perform the bath, it is necessary to strip the body, making it vulnerable. At that moment, the nurse has the ability to decide how she will exercise her power: whether in a liberating way or in a castrating and abusive way.

With this reflection, we wish to contribute with elements that lead us to think and acknowledge the deepest intentions of nursing techniques, where, often, in executing them, alterity, plurality and human dignity are superimposed by some principles. We believe that this is a relevant topic today and that shows us the importance of the philosophical approach to reflect on our daily practice and think beyond the obvious and to point us more interesting paths to be traveled, far from the exercise of reducing power, which prevents the evolution of bodies, and stimulates the exercise of the liberating power, allowing the other to exercise their autonomy through the process of care, thus transforming themselves into liberated bodies.

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