

# Sensitive modes of child rearing: an inflection in the process of medicalization of childcare

## Modos sensíveis de criação infantil: uma inflexão no processo de medicalização dos cuidados com crianças

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### Abstract

In this paper we analyze the discourses and practices related to sensitive modes of child rearing and their connection to the medicalization of childcare, understood as a process by which non-medical problems have come to be defined and treated as medical problems. “Sensitive modes of child rearing” refer to a heterogeneous group of care practices that has emerged from criticism of the process of medicalization of childhood, particularly of the scientific precepts that govern the exercise of “scientific maternity”, and that is seen by its practitioners as a return to the “natural” and “traditional”. Our study is a reflection based on ethnographic research carried out in Porto Alegre, Rio Grande do Sul, Brazil. We discuss the main controversies surrounding the two models, such as that concerning the baby’s crying, and argue that the sensitive modes - contrary to what we are led to believe by its practitioners - are closer to certain modern Western values and tributaries of those values originating in Romanticism. In conclusion, we propose that sensitive modes of child rearing, rather than representing a return to the “natural” or a de-medicalization, constitutes a contemporary inflection in the process of the medicalization of childcare.

**Keywords:** Body; Emotions; Child Care; Individuation; Medicalization.

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## Resumo

O objetivo deste artigo é analisar os discursos e as práticas relacionados aos modos sensíveis de criação infantil e sua articulação com a medicalização dos cuidados com crianças, entendida como um processo pelo qual problemas não médicos passam a ser definidos e tratados como problemas médicos. Esse conjunto variado de práticas de cuidado emerge da crítica à medicalização da infância, sobretudo, aos preceitos cientificistas que regem o exercício de uma “maternidade científica”, visto por seus praticantes como um retorno ao “natural” e “tradicional”. Este trabalho apresenta uma reflexão baseada em pesquisa etnográfica desenvolvida em Porto Alegre/RS, Brasil. A partir das principais controvérsias estabelecidas em torno do choro infantil, argumenta-se que os modos sensíveis de criação infantil, apesar do que as críticas formuladas por seus praticantes levam a pensar, estão mais próximos de certos valores ocidentais modernos e tributários do Romantismo. Conclui-se que esse estilo de criação infantil, mais do que um retorno ao “natural” ou uma desmedicalização, constitui uma inflexão contemporânea no processo de medicalização dos cuidados com crianças.

**Palavras-chave:** Corpo; Emoções; Cuidado da Criança; Individualismo; Medicalização.

## Introduction

This paper focuses on different child rearing practices that emerge from the criticism of certain constitutive elements of contemporary life, especially the process of childhood medicalization. Based on the literature review on medicalization in childcare and in dialogue with data from an ethnographic research on sensitive modes of child rearing, we seek to discuss the emergence of new sensitivities and their relationships with the medical reference.

We call sensitive modes of child rearing a diversity of practices that, as a common characteristic, emphasize the senses of the body, and exalt experiences, perceptions, affections, emotions, intuition and empathy. Among these practices are, for example, breastfeeding on demand (whenever the child wants, without fixed schedules) and, over the first years of the child's life, the baby-led weaning (BLW)<sup>1</sup>, bed sharing, the act of carrying the baby in a cloth<sup>2</sup> (sling) tied next to the caregiver's body; the use of cloth diapers; the bucket bath; the Indian *shantala* massage; the positive discipline, and educational proposals based on experimentation as a form of learning<sup>3</sup>. In each of these actions, important values emerge that are at stake in sensitive modes of child rearing. Thus, for example, in breastfeeding, in the use of sling, in *shantala* and in the bed sharing, an intense body bonding is produced; on the other hand, in breastfeeding on demand (unlike breastfeeding with fixed schedules), BLW and positive discipline establish a way of relating to the child (expressed in terms such as “welcoming needs”, “empathy” and “respect for the child”) that praises the child agency; also, in breastfeeding, in the use of sling and in the bed sharing, there is the valorization of what is considered a return to the “natural” and the “traditional”.

1 A way to introduce solid feeding into areas that allow babies to pick up food with their hands, thus eating what, how much and at the speed they want. For more detail, see Rapley and Murkett (2012).

2 It can be performed in different ways. One of these ways is properly to share the same bed. Another way is to attach the cot or the child's bed to the parents' bed. When the sleeping environment is the same, but the beds are separated, room sharing can be discussed.

3 As opposed to a “negative” discipline, in which learning would take place by prohibitions, punishments and punishments.

Moreover, some of these practices constitute a style of child rearing that began to emerge from the 1990s and has been called in different ways, such as conscious, active parenthood/maternity/fatherhood or attachment parenting. The term attachment present in this last designation refers to the Attachment Theory, proposed by the British psychiatrist and psychoanalyst John Bowlby (1907-1990). This theory draws attention to the importance of affective bonds in the first years of life as a condition for the normal development of human beings.

Care practices arise in the midst of an intense process of medicalization of daily care for children. In this article, medicalization is understood, as mentioned by Peter Conrad (1992), as a process by which non-medical problems are defined and treated as medical problems, consists of a broad and subtle phenomenon that is not limited to the incorporation of a problem or behavior into the field of knowledge and practices of medicine. For the author, although this dimension may be present (and well stressed in the texts used to historically situate the medicalization of child rearing), this process also operates on a conceptual plane, when a medical language is used to describe a particular problem, or a medical model is adopted to understand a problem. Thus, medicalization, as a phenomenon of definition of a problem in medical terms, in certain cases may include marginally, or even does not include, medical professionals (as sometimes occurs in the field of practices described in our study). But Conrad (1992) also claims that medicalization is a process that works both ways: it also comprises de-medicalization, that is, when a problem ceases to be seen in medical terms.

According to Jacques Donzelot (1980), since the 18th century, the French State began to intervene in different ways on families for the survival of children. One of these ways of intervention turned to the strengthening of the French elite and operated through an alliance with medicine, which until that time had not expressed interest in children. The habit of delegating the care of children from families to servants came to be strongly criticized, whereas

wet nurses began to be pointed out as responsible for the high rates of infant mortality. An abundant medical literature on the rearing and education of children began to spread domestic medicine, that is, knowledge and techniques for bourgeois women to assume the role of caring for and educating their children.

In Brazil, according to Jurandir Freire Costa (2004), the medicalization of childcare occurred during the 19th century, when an alliance was established between the State and physicians, which used the precepts of hygiene to give elite families a physical, moral, intellectual and sexual education aimed especially at children to convert these families to the State. The idea that the ability to bear a child, give birth and breastfeed was part of the women's nature began to support the medical discourse to legitimize childcare and rearing as women's functions. However, as pointed out by Martha Freire (2006, 2008), this discourse suffered an inflection from the 1920s in Brazil, as would occur in the European and North American context; without totally abandoning the discourse of maternal instinct, it began to support the use of technical and scientific knowledge for the practice of child rearing. Associating with the Republican modernizing project, the precepts of "scientific motherhood" (Apple, 1987) were based on criticism of traditional forms of child rearing, understood as backward, and sought to reconfigure them based on medical concepts and models in force at the time, in the field of childcare.

Articles written, especially by physicians, in journals aimed at the female public that circulated in the cities of Rio de Janeiro and São Paulo in the 1920s, spread the precepts of "scientific motherhood". Special attention was paid to infant feeding, which became a scientific activity, based on hygiene and nutrition, paying attention to the energetic value of food and other nutritional aspects. The disciplined practice of breastfeeding (with number and intervals of the prescribed feedings and the prohibition of nocturnal feedings) was oriented, in addition to the dosage and preparation of formulas for feeding children and porridges, following a medical prescription. Cribs and carts have

become objects that materialize the hygiene of affections, a resource to avoid the excess of pampering in the lap of mothers and maids. In the same way, it was recommended to use the crib and not to hold the babies in the lap every time they weep (Freire, 2006).

This text is divided into five parts, in which the main controversies established between the sensitive modes of child rearing and “scientific motherhood” are discussed after the presentation of the study methodology. Underlying the criticism of letting the baby crying in the crib to sleep, there is an explanatory medical model based on the notion of attachment, which, in the style of childcare analyzed, promotes the establishment of a continuous body contact between mother and child and refers to a return to the “natural” and the “traditional”. This idea is discussed later on, evidencing that the sensitive modes of child rearing approach certain modern Western values. In the final considerations, we point out which aspects of this style of care for children are detached from the discourses of the hygienist movement and from the idea of “scientific motherhood”. Finally, we conclude that the sensitive modes of child rearing constitute a contemporary inflection of this process of medicalization of childcare.

## Methodology: reflections based on the ethnography

The discussion presented here is based on anthropological research carried out between 2013 and 2016, a period in which we were a part of diverse environments and experiences related to sensitive modes of child rearing in the city of

Porto Alegre/RS, Brazil, such as groups in social networks, bazaars, rallies for the humanization of childbirth, public hearings on humanization of childbirth care, among others. Moreover, much of the ethnographic field research was conducted in four spaces, namely:

1. “Nascer Sorrindo” (“born smiling”), which is a face-to-face support group for pregnant women and “*casais grávidos*” (pregnant couples)<sup>4</sup> who intend to have an “active childbirth”<sup>5</sup> However, the themes addressed in the monthly meetings were not limited to childbirth, also included topics such as breastfeeding, food introduction, vaccines and child rearing. In charge of the group was a doula<sup>6</sup> and yoga instructor for pregnant women and mothers with babies and an “active childbirth” activist who became involved in this field after her own deliveries. In these meetings, the participants reported their experiences about childbirth, breastfeeding, puerperium and child rearing. Sometimes, the meetings also had people invited to approach specific topics.
2. The cycle of three lectures “The contemporary lifestyle and its influence on the health of the child”, promoted by a group of parents and educators that wanted to create a school oriented by Waldorf pedagogy.<sup>7</sup>
3. The “Waldorf Basic Course of Pedagogical Practice”, organized by a Eurythmist<sup>8</sup> with a Waldorf pedagogy training. The course involved theoretical and mainly practical activities, some of which were coordinated

4 According to Tania Salem (2007), the phenomenon “pregnant couple” is characterized both by the involvement of spouses in prenatal care and childbirth and by the search for a “natural birth” to limit the use of technologies introduced by modern obstetrics to situations in which they are necessary.

5 Concept created by Janet Balaskas (2008) that points to the active participation of women in childbirth, having the physiology of childbirth and their choices respected by the team of professionals that assist her.

6 The word doula originates in ancient Greece and means “woman who serves”. Currently, it appoints women who provide physical and emotional support to other women before, during and after childbirth.

7 Created by Rudolf Steiner (1861-1925) on the basis of anthroposophy. It is based on the understanding of the human being as a physical, animic and spiritual environment, and seeks to enable development in its entirety, cultivating the child’s thinking, feeling and will. For a deepening of anthroposophy and Waldorf pedagogy, the website of the Anthroposophical Society of Brazil is recommended. Available from: <<https://bit.ly/2QJ51Ba>>.

8 Eurythmia is a body practice based on anthroposophy that aims at harmonizing body, soul and spirit.

by guests with some kind of connection with this pedagogy: a pediatric physician with anthroposophical training, a Waldorf educator, a “Waldorf mother”<sup>9</sup> who performed manual work with felt, and a “Waldorf mother” who worked with improvisation and psychodrama games.

4. The “Timbaúva Integration Space”, where “Tardes no Verde” (afternoons in green) took place, an activity in which children of different ages performed playful tasks in the middle of the forest, trees, insects and streams.

In these spaces, participant observation was carried out, a research process that implies the prolonged interaction of the researcher with a group of people to observe a previously defined problem. This observation includes different elements, such as the environment, people’s behavior, verbal and nonverbal language, the relationships between the informants and of theirs with the researcher, and the temporality of the events (Víctora; Knauth; Hassen, 2000). The events experienced were recorded in detail in a field diary throughout the empirical research. In turn, our article presents a reflection based on the data collected during fieldwork, without, however, being an ethnographic study.

## Let the baby cry or not? Controversies about infant crying

Controversies about child crying emerged in a discussion in the group *Narcer Sorrindo* on the social network Facebook, when a participant posted a story about the method of the Spanish neurologist and pediatrician Eduard Estivill (Estivill; Béjar, 2004) to teach the child to sleep at night. According to the method, on the first day, it is recommended to wait for the child to cry for one minute before entering the room and stay at

a certain distance from the crib, just to show the child that he/she is not alone. In the following days, this waiting time increases to two, three, four minutes, and so on until the child learns to sleep alone. In the group’s discussion, the focus of criticism was fundamentally on the parents’ attitude towards the child’s crying.<sup>10</sup>

Some participants reported having resorted (even if in part) to the method successfully, and defended the need to establish routines and teach the child to sleep alone if this did not occur spontaneously. Other participants considered the act of letting the child cry a backward method, which, although often effective, since the child would eventually stop crying and sleep, this would occur because the baby learned that there is no use of crying, because it is forlorn and no one would come. The feeling of helplessness that would result from not welcoming the child’s needs would have negative consequences, such as anxiety and insomnia as an adult. On the other hand, the practice of bed sharing would enable children to become safer, more confident and independent over time. As considered by one of the participants: “*I think that if children sleep with their parents they become more confident. Expecting a seven-month-old baby to sleep all night? I find it sad, this early independence that our society imposes on children*” (Ana).

Fieldwork data has shown that this dispute entails more than preferences exposed on social networks, when taking in consideration that underlying these controversies about child crying and, consequently, the response considered as appropriate for such behavior, there is a tension between explanatory medical models about the nature of infant crying. It is possible to find in prominent childcare manuals of the twentieth century recommendations not to hold the child frequently. Such orientations assume that crying is a “trick” of the child to maintain his “privileges” (Spock, 1960, p. 145):

<sup>9</sup> An expression often used in this field of practices to name women whose children attend a kindergarten or a school that follows this pedagogy.

<sup>10</sup> Throughout the fieldwork, a great variation of ways of practicing the bed sharing was identified: all night or partially, only in the first months or for years, in the same bed or in separate beds, but in the same room. Some families did not even practice it. However, greater agreement was reached in the criticism of the practice of letting the baby cry in the crib until the child finally sleeps.

If the mother is very helpful and takes the baby in her lap, holding the baby every time the baby cries, she will see at the end of a few months that the child will raise the arms as if asking to be held whenever awake. If she continues to give in, the child will soon conclude that the mother is under their control and begins to demand her service in an even more unpleasant and tyrannical form.

This formulation of the child as having selfish feelings and tyrannical attitudes, who makes use of crying as a ploy to dominate the parents, conflicts with another version, in which crying is a “natural” behavior and without malice of the child. This latest version was made possible by the notion of attachment, which originates in Bowlby’s theory. Using animal experiments, Bowlby questioned Freud’s theory, which considered that the baby’s connection with the mother swed from the fact that the baby had organic food and comfort needs (which would constitute the baby’s primary impulse) and from the baby learning that the mother is the one who meets the organic needs. Contrary to Freud, Bowlby argued that the child’s bond with the maternal figure resulted from the biological activity of the “behavioral attachment system”, characteristic of the species, and crying is not, therefore, a learned behavior. In this process, feeding would play a secondary role. Crying, babbling, smiling, raising arms, clinging, locomotion and non-nutritive sucking are pointed out as part of the repertoire of attachment behavior, which has proximity as a predictable result (Bowlby, 2002).

However, in his study, Bowlby speaks of “proximity” between the baby and the maternal figure without defining the establishment of continuous body contact between them as a form of adequate care for the human species. This formulation of attachment is best operated in discourses about the sensitive modes of child rearing by scientific arguments. One of these claims is based on the comparison with the

animal behavior, especially that of primates. Among other species, such as rabbits, which leave their cub alone in burrows to look for food, the cubs do not cry or move until their mother returns; while primates, which usually carry the cubs with, react crying when they are left alone. The observation of primate behavior would show that the “natural” environment of human beings in the first months of life is the lap, especially, of their mother (González, 2015).

Another argument that points in the same direction is known as exterogestation theory. This theory assumes that, during human evolution, *homo sapiens* acquired intelligence and, consequently, a brain with larger dimensions. As a result, humans would be born earlier than other mammals, otherwise the child would not pass through the mother’s pelvis at the time of delivery. Because they were born immature, before their central nervous system was fully matured, humans would then take longer to walk compared to other animal species, being extremely dependent on care (González, 2015). It is then proposed a kind of “pregnancy outside the uterus” for another nine months, which implies sleeping next to the baby, breast-feeding it in free demand and carrying it together when moving.

Although attachment practices point to a deep physical and emotional dependence, we identified during the fieldwork that the development of the child’s autonomy is an element of great relevance for adherents of the sensitive modes of child rearing,<sup>11</sup> which seemed paradoxical at first. Contrary to the idea that it is possible to teach children to be independent by training or discipline as proposed by the Estivill method, the sensitive modes of child rearing are based on the conception of independence and autonomy as a result of a process of biological maturation. That is, autonomy is taken as a natural potentiality of the individual, who “has always been present”, but needs time and preparation to emerge.

In this sense, development is understood as a process that is not linear, but rather composed of

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<sup>11</sup> How to promote the autonomy of children was one of the topics discussed during the meetings of the study group of the educators of the *Tardes no Verde*.

successive stages. Each stage presents a logic that is encompassed by a later stage in which another logic operates, constituting a radical change. One stage prepares for the next and therefore none can be skipped in this path of development. Thus, viewed from a synchronic perspective, one can think that discourses and practices about the sensitive modes of child rearing incite a relationship of physical and affective dependence, which is meant to correspond to the needs of bonds and affection of children in the first years of life. However, it is expected that from this relationship that the child establishes (especially with the maternal figure), in a second moment, the child becomes confident, feeling safe to play and act with greater independence.

### **Sensitive modes of child rearing: return to the natural?**

A first issue brought both by the sensitive modes of child rearing and by the prescriptions more aligned with “scientific motherhood” and that needs to be relativized is the notion of child development considering the child’s individual independence. Thus, autonomy becomes relevant in a particular configuration of values, typical of “modern Western society”: individualism (Dumont, 1985). In her ethnographic study conducted with the Xikrin (a Kayapó indigenous group that lives in southwestern Pará), Clarice Cohn (2000) shows a process that does not follow this same logic, starting from a first moment of greater autonomy of the child to another of obedience to the customs of the group. Among the Xikrin, children are not expected to know and therefore follow the rules of social life that they will be obliged to respect as adults. This allows them to experience a freedom from norms they will not have the opportunity to experience again when they grow up. An example of this is the role of children as messengers between homes because they do not yet have their movements impeded by social distance, which guides the relations of avoidance among adults and restricts the interaction among certain categories of people.

A second aspect concerns the idea of a return to the natural by rescuing traditional care practices

by the sensitive modes of child rearing. Although some of these practices are performed in so-called “traditional societies”, by linking themselves to the notion of attachment they acquire particular meanings that cannot be universalized to other contexts in which these practices are performed. Ethnographic studies such as those by Alma Gottlieb (2013) and Clarice Cohn (2000) allow us to observe that, although breastfeeding is performed by the two social groups studied by the authors, this practice is associated with conceptions of body, and life and death, about children’s crying, the feelings and needs of the child, which are specific to each group, which gives breastfeeding a particular meaning.

The Xikrin, for example, are very concerned with preventing children from crying and, for this to not occur, avoid hitting them or making them angry. When lap children cry, adults seek to distract, comfort, or take them to their mothers to breastfeed. All this care so that children do not cry is due to the risk of *karon* (often translated by soul) getting angry, going away and not coming back, leading to the child’s death. Although *karon* can all come out and return to the body during dreams, young children are in a more vulnerable situation because their skins are still “soft”, being unable to store the *karon* while their body has not yet “hardened”.

In his research on baby care among the Beng (a group that inhabits the Côte d’Ivoire region in West Africa), Gottlieb (2013) states that in this group, when a person dies, they remain for a long time in a prosperous place called *wrugbe* (city of spirits) until they reincarnate. In the early days after birth, the memories of the stay in *wrugbe* are very vivid and babies miss them and may be attracted to return. Crying, just like the states of constipation and illness, are ways for babies to communicate their desires to have something they have lost again when leaving *wrugbe*. Parents strive to make this new life attractive and comfortable for their children. Breastfeeding is a way of persuading them to stay, showing them how pleasurable and abundant this life is both in terms of food and affective sustenance. So if a child starts crying, any woman nearby can give

her breast, even those who are not breastfeeding. Parents often consult with soothsayers able to understand the language of babies to meet their desires, which often relates to adorning them with the objects they used to wear in *wrugbe*.

Moreover, we observed during the fieldwork (by participating in support group meetings, courses and bazaars) that, although the sensitive ways of child rearing evoke a return to the natural, the practice of breastfeeding, and other practices that constitute this style of childcare, involved an intense preparation of couples (especially women). They participated in support groups, lectures, courses, discussion groups on social networks, and acquired a whole set of objects and services, such as books, slings, doulas, breastfeeding consultants, among others. This evidences breastfeeding not solely as a natural or biological act, but a way for women to use their own bodies, which requires the embodiment of new skills and perspectives. This learning of the sensitive ways of child rearing promoted by support groups for pregnant women and couples clearly appears in the interview of Clarissa, 34, owner of Espaço Timbaúva:

*Many things told there, I would never know, there was no way I could find out by myself. Of course, I read a lot, I started reading and my readings were only about childbirth, but the group Narcer Sorrindo's look was fundamental for me to feel safe to be a mother, to breastfeed, to give birth, to everything. By seeing all that women talking about it, giving reports, experiences.*

Although associated with the idea of a return to the natural and traditional care practices, discourses on sensitive modes of child rearing do not dispense with arguments that evoke science, similar to “scientific motherhood”, even if they incorporate a set of different medical concepts and models and refute the normative character of its orientations. These are often presented as “suggestions”, “principles”, or even the most appropriate way of caring for children (although this seems categorical enough), and it depends on the readers to make their choices, to follow their “intuition”. This question came up in a dialogue

with Alessandra, one of the coordinators of the *Nascer Sorrindo*, when asked if she was practicing attachment parenting. She advocates that every person, each family should create:

*Their way of making the best of attachment parenting, their own attachment parenting. For me, all these are ways, but we will see so many other people who have made other ways that were just as good. And they're attachable, caring, welcoming to the children. Maybe it would have been better than to have done what [was written], because it has to do with what each child demands. Accepting their limits is much better for a child than trying to follow a booklet, a guidebook; and a child is not a guidebook, there are no rules, no given rules...*

Although sensitivities, feelings and intuitions are often seen as less subject to external control than thoughts, these are also influenced by a social and historical context (Rezende; Rabbit, 2010). And that, as Foucault (1979, p. 8) points out, power (implied in every form of knowledge) is sustained not by its repressive and coercive force, but by its positive and productive characteristic, capable of engendering practices and sensitivities.

## Final considerations

Throughout this paper, we discussed the idea that childcare practices that emphasize the senses of the body and exalt affections, emotions, intuition and empathy constitute a return to the natural. In this direction, we suggested that the sensitive modes of child rearing are closer to certain modern Western values and to the phenomenon of medicalization of daily practices of childcare than the discourses that operate in this field of practices lead to believe. The association of practices such as breastfeeding, bed sharing and the act of carrying the child close to the body with the idea of a return to the natural somehow brings back the medical discourse pre-twentieth century that sought to persuade women not to contradict the laws of nature and follow the example of animals (mammals).

But if the sensitive modes of child rearing are so close to the phenomenon of medicalization of daily practices of childcare, to what extent does this style of care distance itself from the discourses of the hygienist movement and “scientific motherhood”, giving it a particular character? Among the aspects that characterize the sensitive modes of child rearing, three in particular differentiate them. One concerns the fact that they seek the affirmation of the individual (autonomous and free), while emphasizing the totality, the encompassing of the human being by a larger dimension to constitute a unity, either with the universe/nature or the human collectivity. This aspect is present in the totalizing character of the notion of attachment and the practices investigated, which intertwine the child to the mother’s body and, more broadly, to the environment that surrounds it. A second aspect refers to the desire for a return to the natural and this unity that would have been lost as a counterpoint to the evils of culture and civilization. Unlike the discourses in force until the beginning of the 20th century that sought to naturalize motherhood, the natural character conferred on the childrearing practices investigated in our study is a countercultural sense to intensify individual/society and nature/culture oppositions. Society and culture, in this field of discourses and practices, concern different characteristic elements of Western modernity that are configured as evil.

Based on the work of Isabel Carvalho (2001), we can say that the sensitive modes of child rearing are tributaries of a long-term movement that emerged at the end of the eighteenth century, and that it re-emerges in certain contexts over time: Romanticism. The idea of a human being who is born good (unable to have selfish feelings and tyrannical attitudes) and who is corrupted by society has the romanticism as the underlying presupposition. Among the constitutive characteristics of Romanticism, Duarte (2004, 2012) highlights its emphasis on: totality, but which can also move to the idea of singularity when taking a unity as a whole in itself; difference, as opposed to equality;

the temporal flow of phenomena; the drive as an inner disposition proper to living beings; sensitivity; subjectivity; creativity; spontaneity; and experience.

A third aspect of sensitive modes of child rearing is the perception of the human being as a psychological being and the psychologization of rhetoric, which draws attention to a subjective and individual dimension of subjects and promotes the constant examination of emotions (Salem, 2007). In this sense, the practices of child rearing investigated are part of a broader process of dissemination of a psychoanalytic culture among the urban middle classes, which occurred from the 1980s in Brazil (Figueira, 1985). The relationships between the phenomena of medicalization and psychologization are complex and, despite the tensions between both (explicit in the criticisms of the medicalization present in the discourses of sensitive modes of child rearing), there are also situations in which these two concepts agree. Some ethnographic studies point to a process of psychologization in medical discourses and practices in different fields of professional practice, such as palliative care (Menezes, 2004), groups of pregnant women (Rezende, 2012), natural childbirth (Salem, 2007) and family medicine (Bonet, 2014).

This is also the case of the notion of attachment, which concerns a dimension that is both psychological and physiological, both individual and universal. This is because attachment marks affective bonds in the first years of life as a condition for the normal development of human beings, which would indelibly mark sentimental experiences, interpersonal relationships and individual characteristics. It also refers, however, to a behavioral system, a biological and therefore universal mechanism of the human species. It could be said that there is an “embodiment of the psychological”, to cite the expression used by Jane Russo (1993) to elucidate the notion of continuity between body and mind prevailing in body therapies. As the author points out, in psychological therapies designated as bodily, the boundaries between medicine and psychology and between body and mind cease to guide therapeutic

work, since it is by the body that mind would be accessed.

Furthermore, in the ethnographed spaces, we identified that not only physicians and psychologists played the role of authority, but that couples, especially women who had undergone the experience of natural childbirth and childcare, often played this role in some way. Some women were invited to report their experiences or lead specific activities. Others participated in training courses and began to act as doulas, breastfeeding or sling consultants. Thus, although psychologists and physicians were not always present, a both psychologicalizing and medicalizing discourse was shared by those present (authorities and participants) in the most distinct activities.

Considering the arguments above, we came to the conclusion that the sensitive modes of child rearing, rather than representing a return to the “natural” and the “traditional” or a so-called demedicalization, constitute a contemporary inflection of the process of medicalization of childcare. Although, as Peter Conrad (1992) states, the process of medicalization comprises demedicalization, this doesn't seem to be the case of the discourses and practices analyzed here, which encourage mothers and fathers to seek information, follow their intuition and make conscious decisions, which implies the incorporation of medical terms and models. What actually occurs is a deepening of this process of medicalization of child rearing practices with the inclusion of terms and models from the field of biology and psychology, like the notion of attachment. If topics such as crying and infant sleep, body contact with the baby and breastfeeding began to be seen as medical issues between the 18th and 19th centuries, conflicting with lay explanatory models, with the emergence of sensitive modes of child rearing, a new tension is produced between two different medical models. However, we are not suggesting that sensitive modes of child rearing would (or will) replace other forms of care closer to “scientific motherhood”. This paper aimed to draw attention to the emergence of new sensitivities as an extension of the heterogeneous and multidirectional phenomenon of child medicalization.

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### Authors' contribution

Hernandez analyzed and interpreted the data and wrote the article. Both authors conceived the project, performed a relevant critical review of intellectual content and approved the final version.

Received: 07/22/2020  
Approved: 08/25/2020