An ounce of prevention is worth a ton of cure: imaginary diseases in journalism

Denise Cristina Ayres Gomes[a]

(a) Curso de Comunicação Social/ Jornalismo, Centro de Ciências Sociais, Saúde e Tecnologia, Universidade Federal do Maranhão. Rua Urbano Santos, s/n°, Centro, Imperatriz. Maranhão, MA, Brasil. 65900410. denise.ayres@ufma.br

We use the theories of the imaginary to understand how journalism tends to redefine the status of what it is to be or to feel sick through the dissemination of the culture of risk. The journalistic devices promote the potential or imaginary disease, acting on the daily practices, thus becoming a "technology of the imaginary". We suffer in anticipation, afraid of the future that may carry a disease. We should be aware, either through the regulation of our habits or the discovery of genetic tendencies that predispose us to development of diseases. Prolonging existence and living with quality have evolved into an almost a moral duty. The corpus is composed of eight stories from Folha de S. Paulo. Journalism employs resources considered rational, but mobilizes readers by emotion, producing an imaginary that tends to spread in society.

Keywords: Journalism. Imaginary. Mental disorders. Risk.

Introduction

Mental illnesses became a daily issue, extrapolating the domains of psychiatry to appear more and more in the media. It is not just a matter of informational excess. The media reconfigures the ways in which suffering is perceived in the contemporary world, creating an environment that interferes with our practices. Journalism tends to redefine the contours of what it is to be or to feel sick.

Postmodernity exemplifies the change of status of mental illness, which began in the 1960s with the psychiatric reform in Italy. This movement is a symptom of the crisis of knowledge that put science in check as a producer of truth. The progressive closure of asylums is the most concrete expression of this movement. We experience the saturation of modern rational design and the shaking of the concept of mental illness.

The Brazilian movement began in the 1970s and culminated in the adoption of the law on psychiatric reform in 2001. The so-called anti-asylum law advocates the end of psychiatric hospitals and the implementation of decentralized care. The walls of the asylums collapsed, but the techno-scientific development and the change in the approach of the mental illness among other factors, stimulated the medicalization of what is social.

The discourse of medicine seeks to frame and pathologize the behaviors in classifications that are later spread in the social field. Journalism reiterates and amplifies such definitions, but its performance expands beyond the factual and pragmatic domains. By disseminating biomedical knowledge, the journalistic device promotes potential or, as we call it, imaginary mental illness. The approach to the virtuality or risk of illness constitutes an individual call to be accountable to avoid illness.

Paradoxically, under the pretext of ensuring a better quality of life, we suffer in anticipation, afraid that we may be a carrier of some pathology in the future. We are supposed to act preventively, either by regulating our habits or by discovering genetic trends that may make us vulnerable to risk. Having a quality of life and prolonging existence have become almost a moral duty.

Journalism tends to mobilize individuals by providing news about the likelihood of certain groups in developing mental illness. As a regulator of daily life, the journalistic device narrates suffering and submits the facts to a form that incorporates its most relevant and paroxysmal aspects. News is an eminently symbolic product and needs to attract attention and produce sensations ready to be consumed.

Psychiatric reform, medicalization and postmodernity

Psychiatric reform integrates the changes that occurred in the so-called postmodernity characterized by the saturation of rationalism and the consequent search for truth. There is an emergence of an unstable and shared environment where cutting-edge technology connects people.[1]

Postmodernity is a result from the crisis in the sciences and metanarratives[2] as well as from changes in the economic, political, technological and cultural spheres. The transformations affected the mental illness and normal/abnormal concepts. More than a phenomenon of psychic order, restricted to the domain of medicine, mental illness constitutes a social, cultural and discursive problematic, therefore referring to an imaginary.

Although the notion of deinstitutionalization emerged in the United States in the 1960[3], the psychiatric reform is born in Italy with Franco Basaglia. The physician developed therapeutic methods that questioned traditional psychiatry. Social interaction was considered an important factor for the treatment of the disorder[4].

Amarante[5] proposes four dimensions related to psychiatric reform. The epistemological sphere implies the revision in the concept of science as neutral and producer of truth and the break with the foundations of psychiatry that created the concept of mental illness.

The technical-assistance dimension refers to the dismantling of the hospital-centered model and the creation of new decentralized services that allow the social coexistence of the subject. The juridical-political field promotes actions in different social segments for the conquest of rights and changes in laws.

> In this sense, deinstitutionalization is not restricted to technical restructuring, services, new and modern therapies: it becomes a complex process of replacing the problem, of reconstructing knowledge and practices, of establishing new relations[5]. (p.1)

The cultural sphere of psychiatric reform reveals itself strategically, aiming to modify the imaginary about mental illness. This study integrates the cultural dimension because it understands journalism as a sociocultural practice that produces narratives about mental illness and, consequently, related to the imaginary.

Another change that is evident in postmodernity refers to the neuroscience and psychopharmacology approach. The emergence of psychotropic drugs in the 1950s made it possible to treat mental illness outside of nursing homes. Symptoms are considered neuro-biochemical disorders that can be regulated through medications that act on the brain activity. Psychoanalysis as a therapeutic treatment goes into decline, thus making ground for the rise of biological psychiatry.

The change of approach to mental illness led to an increase in the number of pathologies that are described. The third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association (APA) in 1980 brought about a profound transformation in psychiatry.

The manual set out to be an objective and a-theoretical system classification of diseases, in order to standardize the practices of diagnosis and facilitate drug regulation and empirical research.

The document approached psychiatry and neurosciences[6]. The DSM-III extrapolated the medical domain to become a best seller. Later editions of the manual also increased the number of pathologies described.

The widespread use of drugs resulted from the techno-scientific advances and action of the pharmaceutical industry, interested in expanding the consumer market. The data confirm the excessive use of psychotropic drugs[7]. The fickle, fast and post-modern chaotic environment provides emotional instability and the consequent regulatory intervention to relieve the discomfort. The rigid moral interdictions gave vent to the intensity of desire. The symptoms are expressed through the body, actions and intensities[8].

Mental illnesses in the social imaginary

The imaginary is atmosphere, mental construction that establishes relationships and connects the dispersed individuals. It is an ambience that encompasses the ludic, dreamlike, affective and symbolic spheres. "[...] The imaginary remains an environmental dimension, a matrix, an atmosphere, something called aura by Walter Benjamin [...]"[9] (p. 75). This environment mobilizes society around common values and feelings. As Maffesoli says, the imaginary is "social cement"[1]; it connects people.

Although the individual experiences suffering, disease is a social phenomenon and is part of an atmosphere of sharing. According to the organic perspective adopted by Maffesoli, the person is integrated into a collective body.

> [...] We know that this medicine considers each body as a whole to be treated as such, but it is also necessary to note that this global view is often reduplicated by the fact that the total individual body is tributary to the whole that is the community. [...][1] (p. 60)

Postmodernity marks the explosion of the number of people affected by mental illness. There are about 450 million individuals worldwide suffering from some disorder, with 23 million in Brazil alone[10]. The metropolitan region of São Paulo is considered the one with the highest incidence of mental disorders among 24 countries surveyed[11].

This malaise is described and diagnosed in a corporeal shape. Thought and language are no longer preponderant in describing contemporary pathologies. The patient need not to resort to life history, to articulate and re-signify traumatic episodes, as proposed by the psychoanalytic approach.

Disorders are exposed in a corporeal illness and in the way the individual acts. The body participates in a kind of staging, a form that reveals feelings and emotions. Thus, we can affirm that suffering has something resembling a performance; it needs the recognition of otherness.

[...] The shortening or condensation of the forms of language that postmodernity reserves for suffering seems to have also led to a reduction in the extent and mutation of the quality of the complaint under which the diagnosis operates. We now have new pathologies based on narrative deficit, inability to tell the story of suffering, reduction of discomfort to sensory pain[12]. (p. 33).

The body is the 'resonance box' of the postmodern environment, and suffering becomes increasingly medicalized, technified and mediatized. We understand by technicization of suffering the apprehension of the phenomenon by the instances of science and the media. Medicine defines what is a disease and seeks to reduce it to a neurobiochemical disorder, which can be regulated. Journalism appropriates the fact, subjecting it to its own techniques in order to disseminate meaning in the social environment. The media creates an ambiance that tends to redefine the contours of what it is to be or to feel sick.

The imaginary disease

The change in the status of pathology occurs from the 1950's on, due to the increase in the incidence of chronic-degenerative diseases and the high costs related to treatments. Research aimed to develop mechanisms of protection in order to avoid the appearance of pathologies. The focus has been on health promotion and preventive intervention considering the analysis of the risks of developing a particular disease.

It is necessary to anticipate and plan actions, cross data and statistics and observe predispositions in order to delineate the potential or imaginary disease. Health does not depend only on medical intervention, but becomes the object of calculation. Preventive medicine uses genetic tests to detect imaginary disease, delineate at-risk groups and prevent pathology from appearing or minimize its damage.

Being healthy does not mean absence of disease, but it implies the inexistence or low risk of developing disorder. "The statements related to risk factors have effects

in the construction and transformation of the concept of disease and in the social and cultural ways of dealing with it"[13] (p. 78).

The distinction between health and disease, once based on standards, has been replaced by the culture of risk or fragility. This change of status has promoted the enlargement of disease frontiers, including more and more people who have the potential to develop diseases[14]. The multiplication of disease classifications in medical codes and the increase in the use of psychotropic drugs[7] are symptoms of the spread of medicalization in the social.

We also note that many people seek professional help to deal with the suffering, encouraged by news reports on the subject. The media created a kind of "pathological ambience," a state of mind stemming from the possibility of getting sick. "[...] We live longer and in better health, but this immense benefit is paid with greater anxiety, with a growing pathologization of self" [15] (p.81). Every discovery, new data, or reported pathology tends to become a source of concern and object of control and care.

The abnormality spreads in the social environment because medicine has expanded diagnosis; and diseases are increasingly described, calculable and mediatized, manifesting themselves in behavior and intensity of action. "In any case, all individuals who are far or deviate from the new standards of health and well-being defined by the quality of life agenda are considered abnormal"[16] (p. 40).

We are called to be vigilant forever, conforming our habits, thoughts and states of mind. The imaginary disease mobilizes a technological, scientific and mediatic device that prescribes conducts and restrictions. The prediction points out tendencies that are not always confirmed, but create ambience, that is, imaginary.

Journalism: informing, holding accountable and seducing

The journalistic device bears the positivist spirit inherited from the nineteenth century. The notion of objectivity or its emphasis on the facts, the utilitarian character of information, its attachment to data, to language allegedly accurate, its recurrence to

specialists, the quest for neutrality are principles and procedures that underpin the profession.

> The positivist conception in both the noble sciences and in journalism reinforces the concept of object of knowledge and, therefore, the subject-object relationship, which underlies the theory and methodology of objectivity. In this objective relationship, the principles of search for truth and technical and technological control of research or research are inserted. At the end of the 19th century, both scientific and journalistic grammar were constituted based on the same ideology[17]. (p. 177)

Such fundamentals and strategies are part of a professional mythology. The objective relationship between the narrative and the facts or the so-called "myth of transparency" is the great asset of the profession to gain the credibility of the reader. "[...] The key notion of this mythology is the notion of the "disinterested communicator," where the journalist's role is defined as that of the neutral observer, detached from events and cautious not to utter personal opinions. [...]"[18] (p.233).

Journalism has the pretension of ordering the subjects' conceptions about the world in the face of evenemential chaos,. "[...] Through [the daily news], we also hope to have revelations, to learn what is right and wrong, to give meaning to suffering and to understand how the logic of life works. [...]"[19] (p. 11). This speech of *Folha de S. Paulo* (*FSP – A Brazilian newspaper*) gives shape to mental illnesses that is characteristic of an environment structured by the media.

The journalistic technique submits the facts to a form that incorporates the most relevant and paroxysmal aspects in order to attract attention, produce sensations, inform the public and sell a product: the news. We can say that the news is the "narrative of the abnormality" because it theatralizes the daily life; it has drama and is based in the singular. As Maffesoli points out, "all aspects of social existence are marked by the stamp of the theater. Even and including the most rational or serious levels [...]"[20] (p.177).

We consume the information that somehow affects us, because it gives an

answer to our pragmatic and immediate interests or simply by provoking sensations, updating us on the novelties and providing inputs to participate in the daily conversations. News stories about scientific discoveries, treatments or even a new pathology tend to arouse curiosity and interfere with our understanding of the world.

The news has a social dimension, it has repercussions in the practical sphere and it expresses values, beliefs, worldviews and feelings, in short, it integrates a state of mind that we call imaginary. Although being anchored in the empirically verifiable reality of the facts, the news product is imbued with imagery and produces ambience. "There is the iconoclastic mark of journalism, which escapes from the images because they refer to the ineffable, ignoring that it is from the imaginary that reality jumps, it is for the imaginary that it is running towards"[21] (p. 123).

The journalistic discourse has the sense/suffering of meaning, sharing meanings that bind people and allow social cohesion. The device constitutes a "technology of the imaginary" because it uses the technique of the profession itself to modify, reveal and give meaning to the world.

> The technologies of the imaginary are, therefore, devices (elements of interference in the consciousness and in the affective territories below and beyond) of the production of myths, worldviews and lifestyles. But they are not impositions. [...]"[22] (p. 21)

Journalism endows the reality of meaning and inseminates the imaginary, translating a way of thinking the world, a point of view on the phenomena. Journalistic technique deals with social data, but transcends objective reality. The fact is rebuilt in the form of a saleable product capable of arousing sensations. In anticipating the evil that may kill more and more people, the device populates the imaginary of senses.

The journalistic device discloses the belief that the individuals should take responsibility for their own health, since the information is available. Not only the behavior and will are subject to control, but also the environment surrounding the subject tends to become a risk factor. Violence, chaotic traffic, food, job competition, sedentary lifestyle and even memories can lead to emotional imbalance and the

consequent manifestation of psychiatric disorder.

> The decision of quitting a vice, to diet or exercising is based upon news and advertising disseminated by the media, that are responsible for spreading those and other several imaginary sets[23]. (p. 2)

Journalism must then inform, highlight groups at risk, show data and point out ways for individuals to take responsibility for health and avoid suffering. Although the journalistic technique uses rational resources like data, projections, scientific arguments and speech of the experts to prove its affirmations, the device appeals to the emotions. "[...] The journalistic technique seeks an effect: the sensation [...]"[22] (p. 106). The moral duty to remain healthy, the fear of falling ill, the expectations about risk, and the promise of wellbeing extrapolate the rational sphere. The atmosphere evoked from journalistic concerns the imaginary.

An ounce of prevention is worth a ton of cure: imaginary disease in journalism

Mental illness has no single obvious cause. Suffering comes from many factors such as heredity, life habits and the environment in which the person lives. Everything can trigger a psychic disorder. Neuroscience, by establishing a relationship between psychopathology and brain activity, fails to explain or avoid suffering. The phenomenon exceeds the rational, predictable domain and is related to complex, interdependent causes.

Although fuzzy, something gives cohesion and sense to the phenomenon. The individual who suffers, the doctor who circumscribes and diagnoses the malaise, the journalist who submits the diseases to the techniques of the profession to make them news, and the reader / web surfer who consumes the information, share the same atmosphere: the imaginary.

We have selected *Folha de S. Paulo* (*FSP*) for being one of the newspapers with the highest circulation in Brazil, with an average of 175,441 copies[24]. Besides being a national reference vehicle, the choice considered the fact that the metropolitan region

of São Paulo has the highest index of mental illness among the surveyed countries[11].

We used documentary and bibliographical research and theories of the imaginary of Maffesoli[1,9,20], as well as the notion of "technology of the imaginary"[22] to understand how journalism tends to redefine the status of what it is to be or to feel sick from the dissemination of the culture of risk and the consequent intervention in the social imaginary.

The texts compose the Folha de S. Paulo digital archive and were chosen through the resources available on the site "detailed search" and "exact phrase". The subjects refer to the years of 2001 and 2011, being 2001 the date of the approval of the law of psychiatric reform in Brazil and ten years later. Using the keywords "mental illness" and "mental illnesses". For the first expression, we obtained 23 pages in the year 2001 and 11 pages in the year 2011. For the expression "mental illnesses", we obtained 14 pages in the year 2001 and 9 pages in the year 2011.

In order to frame the subject, we select occurrences in which the pathology is expressed in the title or in the subtitle. We select subjects that focus directly on the theme and exclude repeated occurrences, interviews, informative notes and opinion texts. We removed the sections: Cadernos Ilustrada, Ilustríssima and Guia da Folha that deal with the artistic world. The article entitled "Urban pressures and problems collaborate to isolation"[25] was maintained because it integrates the report with the title "Absenteeism caused by mental illness skyrockets in the country"[26]. We counted twelve subjects, eight of them related to risk culture, which constitute the *corpus* researched.

The article entitled "Urban pressures and problems collaborate to isolation""[26] stresses that the "daily life of large cities causes people to be stressed"[26]. The text cites the factors that cause mental illness: "competitiveness among companies"; "social responsibilities, personal problems, family problems, social problems, the chaotic traffic of large cities and urban violence."[26]. We observe, therefore, that life in a large city like São Paulo is under constant risk.

Journalism promotes the imaginary by alluding to a programmable future through statistics, probabilities, and research. Discoveries of genetic components linked to mental illness, environmental factors that can cause disease, risk groups, are

compounds that the individual is called to be accountable for. It creates fear and the need to act on something that is not yet installed, but it looms as a threat and creates an atmosphere

> Through the emergence of risk, we can perceive the invasion of everyday life by science and technology, new articulation between media and science, and the media legitimizing itself by taking the place of the one who in society warns about the existence of risks and proposes the means to bypass them. We do not just try to aesthetize everyday life; we still experience the scientificization of our lives and deaths[14]. (p. 55)

The body becomes the object of investment and care. The corporal form concerns the quality of the management of the habits of the individual, the self-control, avoiding practices that could result in diseases. Journalism discloses medical knowledge and is configured as a moral instance, capable of interfering in our daily lives. As an imaginary technology, the device acts persuasively in order to regulate habits. In order to have emotional balance, it is necessary to make diets, physical exercises, to have quiet sleep, to restrict the smoke and the alcohol, among other prescriptions. The contemporary dietetics conveyed in the media has great emotional appeal, since it promises a healthier and prolonged life.

The postmodern imagery values body shape, linking it to values such as happiness and self-esteem. Individuals, autonomous and responsible for the conduct of their lives, have the burden of balancing themselves against the demands. The ideals of health and beauty merge into a set of practices that provide physical and mental wellbeing.

The imaginary disease mobilizes daily actions, reverberating in our most prosaic habits. Having health is almost a moral duty, a result of effective management of the body. Journalism enhances interest, curiosity, expectation and fear surrounding potential illness. "[...] Greater access to information and globalization contribute to the greater occurrence of mental illness"; "Experts point out that workers now have access to more information about mental disorders and their causes"[26]. Journalism puts in

circulation senses capable of inciting the accountability of the individual and the regulation of daily life.

The use of statistics and genomics lends credibility to claims and determines at-risk groups. Mental illness results not only from heredity, it also derives from environmental factors such as socioeconomic condition or certain productive activities that predispose to risks. The statistics circumscribe trends and discriminate pathological groups and populations that have a greater possibility of developing diseases. The text entitled "Absenteeism due to mental illness skyrockets in the country"[26] highlights the importance of presenting the risks through numbers, giving credibility and greater concreteness to what is affirmed. "The creation of the Technical Epidemiological Nexus, allowed to calculate the frequency of certain diseases by activity groups"[26].

The report entitled "Mental illness affects more to slum children" uses the same resource. "Among the slum dwellers, the possibility of mental disorders reaches 22%, compared to 12% between rural and urban middle classes"[27].Furthermore: "According to Souza, the risk of having a mental health problem is equal between children belonging to the highest income groups of the population"[27]. Another section shows the risk group:

> Bacy noted that although rural children have lower incomes than the middle class, the quality of life offered by rural life outweighs the economic difference and therefore reduces the probability of generating a child with mental problems[27].

We identified the imaginary disease in the subject entitled "Study of depression emphasizes the past". The text circumscribes risk groups vulnerable to depressive disorders or post-traumatic stress disorder due to the type of memory. "Studies with thousands of adolescents try to determine whether those with super-generalized memory are more likely to develop depression"[28]. Another example: "And an unusual work suggests that super-generalized memory is a risk factor for post-traumatic stress disorder (PTSD)"[28]. Journalism gives meaning to imaginary disease when it

addresses the heredity of pathology. "Another finding made by the researcher is that 30% of children whose parents have depression also have some type of mental disorder"[27].

The *Folha de S. Paulo* circumscribes imaginary or potential disease through data, research, statistics and projections. Such strategies give form to something that has not yet happened, it exists only in the sphere of the possible, but when subjected to the technique of journalism, it has consequences in the practical sphere. "[...] Journalistic production affects the way things are observed, creating a view of the world.[...]."[22] (p. 106). The numbers impress because they indicate precision and seem to account for what is to come, creating a reality effect. Mathematical logic imposes itself on the unknown, intending to measure in a clear way, the nebulous threat.

The journalistic technique seeks to translate the truth, even if it is an aspiration and becomes part of the professional mythology.

The section shows the projection and determination of the risk group: "Among doctors, emotional disturbances also increase. From 10% to 15% of doctors will have symptoms of depression, as is calculated by Luiz Antonio Nogueira Martina, 57, Professor of Psychiatry at Unifesp[...]."[29] We identify this projection in the excerpt: "Depressive disorders are now the fourth leading cause of disability in the world. By 2020, they will be the second"[30]. And moreover: "It is important for Brazil to use this type of study to prepare its health system for the future"[31].

The following excerpt also uses the same resource to give credibility and make tangible the following statement: Recovery statistics are encouraging for anyone facing treatment [for alcoholism] until the end. Around 90% of them improve and 60% recover, according to a compilation of international data on the subject[32].

The same story highlights the risk of alcoholism: "The sooner you choose one, the better. There is more chance that the damage of the drink on the body will be reversed "[32].

Another sense of imaginary disease, beyond probabilities, is the generalization effect. The titles of the subjects refer to particular cases that end up extending to all situations. We identified the resource in the title: "Mental illness affects more to slum

children"[27]. From the assertion, we have the impression that the greatest incidence of mental illness would occur in children in the slums in general. However, the study restricted itself to analyzing only a specific group served in the public health service.

The title of the article "Motivation prevents relapse in alcoholism"[32] generalizes the effect of extending the study in 150 patients. The body of matter has the same effect. Besides the research being restricted to a group, the matter itself states that statistics on the recovery of alcoholic beverages are insufficient in Brazil.

> At the Federal University of São Paulo, psychiatrist Margarete Oliveira has just defended a doctoral thesis confirming that a particular type of therapy makes a difference in patient recovery. This doubles the chances of avoiding a relapse[32].

The data quoted in the stories seem to give the dimension of suffering. Although there are few studies on the incidence of mental illnesses in the world and in Brazil, the samples are fragments of reality extended to other groups, disregarding the characteristics of the different societies. There is a tendency on the science to generalize the data from a few studies. Journalism amplifies research, using techniques capable of creating the effect of generalization and the effect of reality and aiming to reach as many readers as possible.

The journalistic technique seeks to move away from the illogical and irrational mindset and seeks to convince the reader with accurate and scientific data, even if the reality is complex and paradoxical. Numbers seem to translate social reality, tend to impose themselves as truth, and reaffirm control and dominion over nature, a characteristic of the modern heritage. The journalistic technique reinforces the omnipotent character of knowledge and seeks to impact the reader by generalizing statements that refer to specific studies.

Journalism acts as an instrument for objectifying reality and creating mediations between the individual and the real. The device is based on techniques that aim to give transparency to the representative and symbolic functions of a discourse, giving it credibility. In this epistemological gap, the "technology of the imaginary" creates

ambience and mobilize instances that surpass the rational.

Final considerations

The border of what is considered normal is getting more and more narrow in postmodernity. Medicine promotes the pathologization of the social, classifying the diversity of behaviors as sick. The abnormality spreads in society being described, calculable and measurable, manifesting itself in the behavior and intensity of action. In other words, suffering is technicized, medicalized and mediatized. The phenomenon is circumscribed in the field of sciences, especially medicine, and then become news. Journalism enables people to have easy access to information about mental illness and to manage their lives.

The discourse of *Folha de S. Paulo* is characteristic of the postmodern environment in which the media tends to play the role previously restricted to medicine. The device warns of risks and recommends daily management, operating as a moral instance; demarcates desirable behaviors and condemns others. Journalistic discourse calls on individuals to take responsibility for their own health. Control of everyday habits is instilled, relegating the deviations to the mismanagement of oneself.

The examples illustrate the remnants of modernity that seek to translate nature according to mechanistic, logical and clear scientific models. Journalism tends to express the instrumental and utilitarian view of the domineering and effective man. Mental illness has something impalpable that needs to be translated into numbers, characters, and projections capable of engaging the reader.

Imaginary disease is a construct resulting from journalistic technique. The narrative translates the hazy threat into arguments and scientific data that claim to represent reality. The emphasis on the probability of developing a particular disease, the evidence of risk groups and the generalization effect coming from the data compose the strategies of the discourse to give shape to phenomenon that exist only in the sphere of the possible. From the circumscription of the potential threat, emerges the belief in a programmable future, and the imaginary disease begins to act in the

practical sphere.

The journalistic device is a technology of the imaginary because it mobilizes beliefs, values and emotions and creates an atmosphere. The mediatic appeal introduces a kind of "pathological ambience", due to the risk of getting sick. Journalism transcends the rational sphere and promotes an imaginary that evidences health as an ideal to be pursued; and disease, an evil to be avoided through habit management.

References

1. Maffesoli M. O tempo das tribos: o declínio do individualismo nas sociedades de massa. 4a ed. Rio de Janeiro: Forense Universitária; 2006.

2. Lyotard JF. A condição pós-moderna. 14a ed. Rio de Janeiro: José Olympio; 2011.

3. Amarante P. O homem e a serpente: outras histórias para a loucura e a psiquiatria. Rio de Janeiro: Fiocruz; 2010.

4. Basaglia F. A instituição negada: relato de um hospital psiquiátrico. 3a ed. Rio de Janeiro: Graal; 2001.

5. Amarante P. Reforma psiquiátrica e epistemologia. Cad Bras Saude Mental [Internet]. 2009 [citado 07 Mai 2017]; 1(1):1-7. Disponível em: http://incubadora.periodicos.ufsc. br/index.php/cbsm/article/view/998/1107.

6. Dunker CL, Kyrillos Neto F. A crítica psicanalítica do DSM-IV – breve história do casamento psicopatológico entre psicanálise e psiquiatria. Rev Latinoam Psicopatol Fundam. 2011; 14(4):611-26.

7. Agência Nacional de Vigilância Sanitária (ANVISA). Boletim de Farmacoepidemiologia. 2011; 2(1):1-8.

8. Birman J. O sujeito na contemporaneidade: espaço, dor e desalento na atualidade. Rio de Janeiro: Civilização Brasileira; 2012.

9. Maffesoli M. O imaginário é uma realidade. Famecos. 2001; 8(15):74-82.

10. Organização Mundial da Saúde. Relatório Mundial da Saúde. Saúde mental: nova concepção, nova esperança. Lisboa: OMS; 2001.

11. Instituto de Psiquiatria da Universidade de São Paulo [Internet]. Organização Mundial de Saúde. São Paulo Megacity Mental Health Survey. 2012 [citado 15 Abr 2014]. Disponível em: http://www.plosone.org/article/fetchObject. action?uri=info%3Adoi%2F10.1371%2Fjournal.pone.0031879&representation=PDF.

12. Dunker CL. Mal-estar, sofrimento e sintoma: uma psicopatologia do Brasil entre muros. São Paulo: Boitempo; 2015.

13. Czeresnia D, Maciel EMGS, Oviedo RAM. Os sentidos da saúde e da doença. Rio de Janeiro: Fiocruz; 2016.

14. Vaz P. Consumo e risco: mídia e experiência do corpo na atualidade. Comunic Midia Consumo. 2006; 3(6);37-61.

15. Lipovetsky G. Da leveza: rumo a uma civilização sem peso. Barueri, SP: Manole; 2016.

16. Birman J. Muitas felicidades?! O imperativo de ser feliz na contemporaneidade. In: Freire JF, organizador. Ser feliz hoje: reflexões sobre o imperativo da felicidade. Rio de Janeiro: FGV; 2010. p. 27-47.

17. Medina C, Greco M, organizadores. Saber plural: o discurso fragmentalista da ciência e a crise de paradigmas. São Paulo: ECA, USP; 1994.

18. Traquina N, organizador. Jornalismo: questões, teorias e "estórias". Florianópolis: Insular; 2016.

19. Botton A. Notícias: manual do usuário. Rio de Janeiro: Intrínseca; 2015.

20. Maffesoli M. A conquista do presente. Natal: Argos; 2001.

21. Barros ATMP. Sob o nome de real: imaginário no jornalismo e no cotidiano. Porto Alegre: Armazém Digital; 2007.

22. Silva JM. Tecnologias do imaginário. 3a ed. Porto Alegre: Sulina; 2012.

23. Mendes PMC, Melo CV. A ideia de saúde imaginária no reality show de reprogramação corporal, uma análise de medida certa e além do peso [Internet]. In: Anais do 25º Encontro Anual da Compós; 2016; Goiânia; 2016 [citado 15 Jul 2016]. Disponível em: http://www.compos.org.br/biblioteca/comp%C3%B3s2016comautoria_3391.pdf

24. Associação Nacional de Jornais [Internet]. Brasília; 2015 [citado: 03 Jun 2016]. Disponível em: http://www.anj.org.br/maiores-jornais-do-brasil/.

25. Cézari M. Pressões e problemas urbanos colaboram para afastamento. Folha de S. Paulo. 25 Nov 2011. Mercado: B7.

26. Fraga E, Borlina VF. Afastamentos por doenças mentais disparam no país. Folha de S. Paulo. 25 Nov 2011. Mercado: B6.

27. Medeiros R. Doença mental afeta mais criança favelada. Folha de S. Paulo. 11 Mar 2001. Cotidiano: C1.

28. Gee A. Estudo da depressão enfatiza o passado. Folha de S. Paulo. 18 Jul 2011. New York Times: P6.

29. Yuri D. Médicos são mais suscetíveis a distúrbios e depressão. Folha de S. Paulo. 18 Nov 2001. Cotidiano: C10.

30. Biancarelli A. Depressão é 4ª causa de incapacitação. Folha de S. Paulo. 12 Dez 2001. Campinas: C5.

31. Pinho A. Doenças psiquiátricas roubam mais anos de vida do brasileiro. 10 Mai 2011. Saúde: C12.

32. Stringueto K. Motivação evita recaída no alcoolismo. 04 Fev 2001. Cotidiano: C10.

Transleted by Felix Rígoli