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# The Memory of Exclusion of the other and your Look in Speaking Patients with Dermatological Pathologies

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***Abstract*****—***This study presents, concisely, the results of our PhD thesis defended in the Graduate Program in Memory, Language and Society of the State University of Southwest Bahia (UESB), where we show how the congenital or acquired marks, intentionally or unintentionally, or left by different skin pathologies, they not only mark the individual's skin; but also allow the materialization of different lines, which are configured and reconfigured from different events. The methodological approach undertaken in the analysis follows the indicative paradigm, which states that we must observe the details, the details, in order to arrive at the construction of the research hypotheses and, subsequently, to be led, by these same hypotheses, to conclusions about the relationship between what we are calling "skin tags" and the construction of a certain memory. The results showed that the skin marks are also memory marks that: i) contribute to the constitution of the subjectivity of the marked subject; ii) favor the maintenance of socially constructed stereotypes, which reinforce negative images about oneself in the marked subject; and iii) relate to the question of desire and, consequently, with the constitution of the unconscious of each marked subject.*
***Keywords*****— memory; skin; dermatology; speech; subjectivity.**

## I. INTRODUCTION

This study analyzes the memory of the marks that dermatological pathologies have left on the skin and in the lives of people who had and live with such diseases. This memory constantly appears in the speech of these subjects in their role as patient. Therefore, it is a matter of verifying the connections between the speech (s) of the research subjects with memory / body / skin, since these three elements are considered here as indicators that indicate different forms of constitution of the subject.

In this perspective, we analyze this memory that these pathologies left in the skin and life of these patients, which is socially constituted in the relationship between oneself and another; since, as we found in Halbwachs (1990: 26), "our memories remain collective. , and they are reminded of us by others, even if these are events in which only we were involved.".

Therefore, we seek, in this work on skin tags and their role in the constitution of the subject, to analyze how what comes from "outside" inscribes internal meanings, and these, in turn, although carefully housed in the recesses of soul, inwardly personal and secret, protected and hidden in the basement, eagerly scream, show themselves, and determine who we are and where we are going.

It is for this reason that we propose to study such personal marks that we carry on our bodies and which are *untransferable* and *rememberable*, which announce a pain, trigger a wound, enunciating, through their presence in the body, the lasting and indelible memory of unpleasantness of pleasure, which often accompany us (VAZ, 2006: 59). From this point of view, the skin itself can enunciate a lot, especially if it has spots (nevus) or scars and marks left by various skin pathologies. Thus, skin and memory dialogue with society and open avenues for reflections that fall on the mechanisms through which the subject can enable the understanding of man's senses in history, in their most diverse aspects and possibilities, following the tracks recorded in the skin., as a body wrap, and as an image of the subject presented to the world, as discussed in Prates (2016).

## II. THE CONSTITUTION OF THE SUBJECT AND THE MARKED SKIN

The skin, which covers the whole human body, is not only the first obstacle to be overcome by a strange being or element that triggers our organic defense system, but acts to drive the perception of the senses, and also permeates the first contact of the body individual with the world at birth. This biological and multifunctional tissue

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incorporates the possible meanings that are in the order of the constitution of the subjects, whose physiology in full activity directs and leads, in the richness of its complexity, the beauty of the subtle texture of existence, of experiences, of perception, promoting and enabling multifaceted experiences.

In a society like ours, "the individual is undoubtedly the fictional atom of an 'ideological' representation of society; but it is also a reality fabricated by this particular power technology that is called 'discipline' " (FOUCAULT, 2011: 161). The term subject can be understood in two ways. The first concerns the way in which one individual subjects himself to another through control and dependence. The other way refers to the way in which the individual attaches to his own identity through consciousness or self-knowledge. In these terms, we have two senses that "suggest a subjugating and subjecting form of power" (FOUCAULT, 2013a: 278).

Coincidentally, there are two types of memory that the individual participates in, that is, we can admit that "there would be individual memories and, as it were, collective memories."(HALBWACHS, 2006: 71). This finding compels us to recognize that we are often forced to refer entirely to the memory of others; given that it allows us to access facts that have happened in the past or that have happened in the present "in a summarized form and schematic, whereas the memory of our lives would present us with a much more continuous and less dense panorama" (HALBWACHS, 2006: 73).

Or, these two types of memories are directly linked to how power is immediately produced in people's lives. It "categorizes the individual, marks him with his own individuality, binds him to his own identity, imposes on him a law of truth, which we must recognize and which others must recognize in him. It is a form of power that makes individuals subject" (FOUCAULT, 2013: 278).

In this perspective, all these instances of functional individual control, in general, are characterized by the dual mode of action in which there is a binary division and a marking (crazy-not crazy; dangerous-harmless; normal-abnormal); a coercive determination and a differential distribution (who he is; where he should be, how to characterize him, how to recognize him; how to exercise constant vigilance over him, etc.) (FOUCAULT, 2011). Thus, individual and collective memories are under the order of this form of power which is also responsible for controlling not only the body, but discursive practices and discourses.

Under these circumstances, the constitution of the subjectivity of those who have such a dermatological disease occurs through a process of subjectivation that marks the individual throughout his or her life. It is this process that subjects this potential individual to an identity marked by exclusion and social meal; that is, this process forces any individual who might have such a pathology to be coined with an identity that no one wants to have. The marks of the body and the possible deformations end up becoming symbols of this identity that forces it to be cut from the contact of social life, an exclusion that is incorporated into its body through the memory of the events that are behind this process of subjectification; thus, "individuality, individual identity are products of power." (FOUCAULT, 2006: 84).

Therefore, it seems to us that we need to understand more these subjectivation processes that produce material effects directly on our bodies, especially the subjectivation processes that impose the bodies we don't want to have. The following analysis is based on this idea.

## III. THE SUBJECT-PATIENT SPEECH AND THE MEMORY OF THEIR PHYSICAL AND SOCIAL MARKS

The speeches of the patients suffering from these dermatological disorders, gathered in this study of ours, contain the memories we used to build this story that we talked about earlier. It tries to draw from the thickness of discourse the historical conditions that the materiality of power produces in these sick individuals, but also from the power given to the physician, "an individual who emerges as an object of medical knowledge and practice."(FOUCAULT, 2012: 111). Hence his status as a physician whose power "comprises criteria of competence and knowledge; institutions, systems, pedagogical norms; legal rights that give it right - not before setting limits on it - the practice and experimentation of knowledge "(FOUCAULT, 1972: 57). All in this way of being and acting constitute the ways in which the individual who is a physician should be subject. They are part of the processes of subjectivation and identification of this activity that require an enunciative function whose power could establish a new alliance by seeing and saying (FOUCAULT, 1977: XI, emphasis added).

However, where is the patient in this game that involves discursive practices and processes of identification and subjectivation, considering that "the subject is divided within and in relation to others" (FOUCAULT, 2013:.273)? In other words, "what chain, what determinism is there between one another?"(FOUCAULT, 1972: 57). The answer to these two questions that we now launch is in the order of the speeches of these patients that we will analyze from now on. The relationship between doctor and patient, as we see

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it today, stems from a certain clinical experience that took place "around the last years of the eighteenth century" (FOUCAULT, 1977: X). This is the moment when modern medicine reflects upon itself, identifying "the origin of its positivity with a return, beyond all theory, to the effective modesty of the perceived" (FOUCAULT, 1977: X).

This was, therefore, the first opening in Western history that would soon be taken as a kind of simple confrontation, "without concept, between a look and a face, between a glance and a dumb body, a kind of contact prior to every speech and free from the embarrassment of language, whereby two living individuals are 'caged' in a common but not reciprocal situation "(FOUCAULT, 1977: XII). This is how we will treat the reports that appear in these statements, being aware of the role of doctor and researcher that we perform in this study. Let us pass to the transcribed sayings that spell the appearance of the disease, below:

*[...] when I left, there were always people talking, saying something like that, I saw that there were people who didn't want me to get close, they didn't want to get close to me, they were afraid of getting the disease, and there were people who even asked "are you with leprosy?" Until then I've heard! So, I didn't go to the club anymore, I didn't have the courage to get in a pool, because I thought that if I get in the pool, then everyone will leave, or someone from the club will call me and tell me to leave the club*. [Report of a patient with vitiligo].

The speech that appears in this account enunciates the desperate fear that has to be cut from social life. This type of subjection is the most feared in these times when social networks in the virtual world began to interfere in the lives of individuals everywhere on our planet. Nevertheless, the desperate fear that is enunciated does not appear with the disease, it is in our collective memory.

The statement "are you with leprosy?" said, in our present, goes back to the time when the sick were forcibly isolated in colonies for lepers. This fact is present in the collective memory of our society and even those who did not live at that time, are reunited with such memory, either through books, movies, magazines, or through conversations with family members who lived in the period etc. Despite all the progress that the treatment of this pathology has achieved in our day, and can cure the patient, prejudice still remains alive, as we can verify in this report.

Leprosy is a disease of infectious character, chronic and prolonged course, and is caused by *Mycobacterium leprae*. It predominantly affects the skin and peripheral nerves. Due to its clinical characteristics, it can commonly be confused with other infectious diseases that affect the skin, such as syphilis, tuberculosis and leishmaniasis; with rheumatological diseases such as rheumatoid arthritis and lupus erythematosus; with hematological diseases such as leukemia, and with several other pathologies (SITTART, 1998: 125).

Today has its highest incidence in India, and Brazil has the second highest worldwide incidence of this disease. It is a disease of compulsory notification and its treatment, in Brazil, is available at the referral centers, free of charge, by the Ministry of Health.

Therefore, leprosy has become, over these two millennia, a dermatological disease that always puts people on alert because of its history that brings many negative memories. Hence any dermatological disease that causes some change in the skin causes people to be in this alert state, and enunciate the question: "Do you have leprosy? ", And all its variations (Is this leprosy? Do you have leprosy? Etc.).

The report given by an individual with psoriasis is another way of proving the relationship between leprosy's collective memory and other dermatological pathologies. When the person says: "it doesn't take!" Is vehemently another way of saying: "this is not leprosy"? Let us look at the transcript of this segment below:

*[...] I always said that it does not, that the doctor said that it does not. I do not know, the doctor there knows, but I do not know, but the doctor said that does not take anyone, the psoria [sic], right? People don't know what psoriasis is and the first question they ask me: "Got it? What is it"* [Report of a psoriasis patient].

The reports of these subjects help us to understand the changes and to observe the mechanisms that penetrate the body and control its gestures and behaviors, especially in the current relations between the subjects and the contemporary world. Dermatological diseases produce great suffering, beyond the physical, particularly because of this utopia that affects the psyche of the individual who presents them; that is, these pathologies are the opposite of what we want to be and have.

Under these conditions, the skin can be considered as the envelope of the "I" and, in this condition, delimits its relations with the outside world. Due to this position of interface between the individual and the environment, the skin acts as a privileged field of action, where the tensions between the exogenous and the endogenous, triggered for the processes of physical and psychic elaboration, operate. In this sense, we can say that the skin plays an important role in the human psychic constitution, since the relationships that develop between psyche and skin encompass most of the subjective elements that appear in

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the singularity of being, such as emotions, feelings, the fantasies and the wishes.

Although we should consider that it is the individuals themselves, marked by certain dermatological pathologies, who impose on themselves their exclusion from social life; On the other hand, we are obliged to recognize that such exclusion is the effect of discursive practices and a kind of social disciplinary device imposed on all individuals by society itself. We come to this line of thought because we take into account Foucault's statements in *Discipline and Punish*, a work that deals, among other things, with disciplinary devices and the appearance of the Panoptic in Western societies, as we have shown earlier. The Bentham Panopticon illustrates well how our society has gradually enhanced the homogeneous effects of power to solve the problem of the accumulation of men; that is, how Western societies have solved the population problem by inducing us to "a conscious and permanent state of visibility that ensures the automatic functioning of power" (FOUCAULT, 2011: 167).

This state makes us vigilant of others and ourselves. In this way we are affected by the memory of the other, which is also part of the collective memory. The images of these pathologies, which we will show later, are the visible record of what no one wants to see in themselves or others. They end up being associated with what is abnormal by means of a selection device between normal and abnormal. Therefore, we see in these images what is contrary to our desire for a utopian body that has become as perfect and incorporable as it is powerful.

## IV. FIGURES

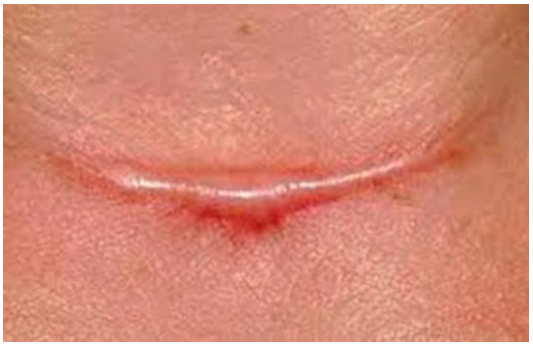

*Fig. 1: Hypertrophic Scar - Source: Google*

*Fig. 2: Vitiligo - Source: Dermis Net*

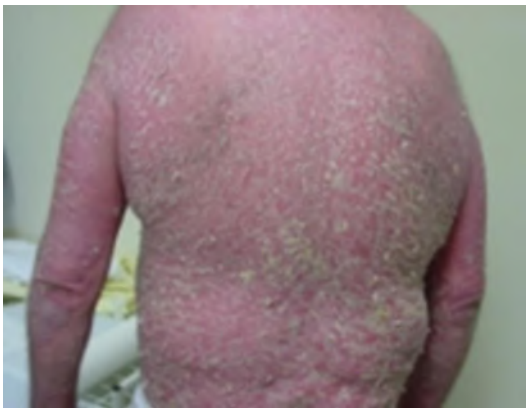

*Fig. 3: Psoriasis - Source: Global skin atlas*

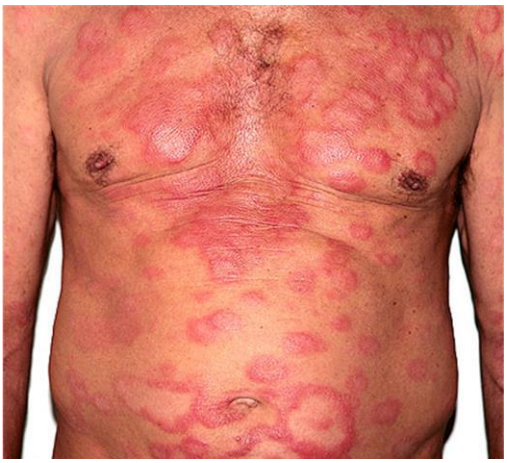

*Fig. 4: Borderline Leprosy - Source: Atlas dermatológico*

## V. CONCLUSION

In this paper, we seek, in a way, to bring medical knowledge and practice closer to new interlocutors, without, however, abandoning the postulates that guide good medical practices. In this perspective, we seek to promote the dialogue between medicine, particularly the area of dermatology, with interdisciplinary perspectives, taking as a central issue the memory in its different meanings. In this way, we consider consecrated social theories to guide us in the search for the answer to our research questions, all related to the role played by

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memory and the presence of marks and skin pathologies in the complex processes of construction and constitution of the subject, in contemporary times.

The analysis showed, in general, the various and distinct manifestations that are triggered from the visual experience of the other face of the appearance of visible skin lesions, difficult to camouflage. The inevitable exposure of these also arouses unpleasant feelings in the subject of such attentions, comparable to those provided by other pictures of intense physical pain, as reported by some patients during the dermatological consultation, with the difference that the first, according to them, "Hurt the soul the most.".

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