

## ANALYSIS OF ACADEMIC DISCOURSES ON DIAGNOSIS X MEDICALIZATION AT SCHOOL

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### ABSTRACT

The article analyzes, from a Foucauldian perspective, the discourses about Attention Deficit Hyperactivity Disorder (ADHD) and about the medicalization of education as competing discourses. In the articles published between 1997 and 2019, on the SciELO portal, the discourses about the diagnosis and treatment of ADHD are written by psychiatrists and physicians in journals in these specialties and refer to the disorder as a health problem. The discourses about the medicalization of education are written by psychologists and educators and published in journals in these areas. Their authors elaborate the critique of medicalization, a process through which social, psychological, pedagogical and political issues are transformed into medical issues. It is concluded that, although the diagnosis can provide relief, by offering an explanation and a name for the suffering, on the other hand, it can prevent more in-depth reflections in schools about the difficulties children have in schooling.

**Keywords:** diagnosis; ADHD; learning; medicalization; discourse analysis

### Análisis de los discursos académicos sobre el diagnóstico x la medicalización en la escuela

#### RESUMEN

En el artículo se analiza, bajo una perspectiva foucaultiana, los discursos sobre el trastorno de déficit de atención e hiperactividad (TDAH) y sobre la medicalización de la educación como discursos competidores. En los artículos publicados entre 1997 y 2019, en el portal SciELO, los discursos sobre el diagnóstico y el tratamiento de TDAH son escritos por psiquiatras y médicos en revistas de esas especialidades y se refieren al trastorno como un problema de salud. Ya los discursos sobre la medicalización de la educación son escritos por psicólogos y educadores y vehiculados en revistas de esas áreas. Sus autores elaboran la crítica de la medicalización, proceso por intermedio del cual se transforman cuestiones sociales, psicológicas, pedagógicas y políticas en cuestiones médicas. Se concluye que, aunque el diagnóstico pueda proporcionar alivio, al ofrecer una explicación y un nombre al sufrimiento, por otro lado, puede impedir que se realicen reflexiones más profundizadas en la escuela sobre las dificultades de los niños en escolarizarse.

**Palabras clave:** diagnóstico; TDAH; aprendizaje; medicalización; análisis de discurso

### Análise dos discursos acadêmicos sobre o diagnóstico x a medicalização na escola

#### RESUMO

O artigo analisa, sob uma perspectiva foucaultiana, os discursos sobre o transtorno de déficit de atenção e hiperatividade (TDAH) e sobre a medicalização da educação como discursos concorrentes. Nos artigos publicados entre 1997 e 2019, no portal SciELO, os discursos sobre o diagnóstico e o tratamento de TDAH são escritos por psiquiatras e médicos em revistas dessas especialidades e se referem ao transtorno como um problema de saúde. Já os discursos sobre a medicalização da educação são escritos por psicólogos e educadores e veiculados em revistas dessas áreas. Seus autores elaboram a crítica da medicalização, processo por meio do qual se transformam questões sociais, psicológicas, pedagógicas e políticas em questões médicas. Conclui-se que, embora o diagnóstico possa proporcionar alívio, ao oferecer uma explicação e um nome ao sofrimento, por outro lado pode impedir que se realizem reflexões mais aprofundadas na escola sobre as dificuldades das crianças em se escolarizar.

**Palavras-chave:** diagnóstico; TDAH; aprendizagem; medicalização; análise do discurso

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## INTRODUCTION

This article intends to characterize the current controversy regarding learning disorders based on an examination of academic discourses that are favorable and unfavorable to diagnosis and to the treatment for behaviors of children and adolescents that fall short of the expectations of adults and the school environment. The research resorts to a bibliographical review and its sources are two sets of articles that are seen as competing against each other: the ones that focus on the diagnosis and the treatment of learning disorders and the ones that dedicate themselves to a criticism of the medicalization of students. The most important objective was to characterize the discourses that are favorable and unfavorable to the diagnosis and to the medication-based treatment of children and adolescents that are identified as students with learning disorders, identifying its distribution in the periodicals as well as their most recurrent assertions.

The search for academic articles on these themes indicated that the research works that are unfavorable to the use of medication are published, most often, in periodicals of education and psychology, whereas the ones that recommend the medical diagnosis and the use of medication as an alternative for the overcoming of learning and behavioral problems and most often published in medical periodicals, specifically in the areas of pediatrics and psychiatry. The selected works are distributed among 39 national periodical that are available in the SciELO data base. The total sum of examined articles was 48, out of which 27 refer to the theme of diagnosis and treatment for learning disorders and 21 dedicate themselves to the study of medicalization of behaviors at school.

It is also important to emphasize here, regarding text methodology, an option by the authors that came up during the analysis of the obtained material, due to the recurrence of the diagnosis of ADHD. Initially, the intention was to study the works that approached the themes of learning disorders and medicalization. However, as the searching advanced, it was impossible not to identify the predominance of articles on ADHD. The obtained research works dedicated a good part of their pages to the explanation of the disorder, frequently followed by a discussion that was also political on how strongly this type of suffering has affected school reality, and consequently demanding medicalization and producing transformations regarding the learning field. Thus, we also chose to focus our selections and analysis on this issue.

The study justifies itself by the fact that it has become a common practice in the school context for teachers and coordinators to refer students who display learning difficulties or behaviors that are considered unsuitable for psychological and/or psychiatric assessment, in order to discover whether a child or an adolescent displays

disorder of biological nature that requires psychiatric treatment and/or psychological assistance. The referral of students to this type of specialized assessment has frequently led to diagnoses of some sort of learning disorder and, as one of the forms of treatment, the use of medication is prescribed. The Conselho Federal de Psicologia (CFP), or Federal Psychology Council, released a document in 2011, in which it declares that Brazil is the second largest consumer of methylphenidate, which is the most important component of medications prescribed to mitigate the symptoms of Attention Deficit Hyperactivity Disorder (ADHD). According to the document, in the year 2000, roughly 70.000 boxes of this medication were sold, and in 2010, this number rose to two million in the country (Federal Psychology Council, 2011).

The analysis of the two sets of articles is based on the considerations of Michel Foucault on the analysis of discourse. The author understands that discourse is “a set of assertions that is supported by the same formation system, which allows him to speak of the clinical discourse, of the economic discourse, of the natural history discourse, and of the psychiatric discourse” (2004, p.122). The systems of discourse formation characterize themselves by a set of objects; a position of assertion subject (it is necessary to occupy certain positions in order to pronounce certain discourses; a set of concepts and certain theoretical options or strategic options. Schematically, it is possible to say that one of the sets of discourses examined here puts together discourses in which the object is the student who has some learning disorder. The subjects in these assertions are usually pediatricians, psychiatrists, and neuroscientists who deal with the concepts of behavior disorder and disturbance. Their theoretical choice consists of the analysis of behavior at the level of brain functioning. The emergency surface of these discourses are periodicals in the areas of pediatrics and child psychiatry. The other set has as object the student who faces schooling difficulties. The subjects of these discourses are, in most of the cases, researchers in the areas of school psychology, of psychoanalysis and of education and privilege, in the examination of the issue, the socio-historical perspective, social psychology, and/or psychoanalysis. Among the concepts that are mobilized in these discourses there are school failure and complaint, the normalization of behaviors, biopower and discipline. The theoretical choice consists of the critical analysis of the biologization of behaviors at school. The emergency surface of these discourses are the periodicals in the areas of education and psychology.

Hereinafter, this text presents historical considerations on the psychiatric diagnoses and on the psychological study of learning problems. And then it brings considerations on the favorable and unfavorable discourses regarding the medicalization of childhood,

followed by the final considerations, in which there is a synthesis of the most important aspects of the controversy, after the realized analysis of the discourses.

### **HISTORICAL CONSIDERATIONS ON THE PSYCHIATRIC DIAGNOSES**

Each period establishes its own parameters regarding the modes of being that are considered acceptable or not, which are classified as normal or pathological (Catani, Lima, & Boto, 2021). In the field of psychiatry, the study of behaviors produced different diagnoses throughout history, so that certain manifestations, considered acceptable in some periods, had a negative connotation in others, which made its acceptance difficult. The psychiatric systems tend to alter the names of the diagnoses in order to mitigate such stigmas.

The history of diagnoses must consider the political, social, and economic contexts that were produced. The Second World War, for example, constitutes a decisive landmark in the process of production of psychiatric diagnoses, the source of suffering and psychological traumas which were a result of the conflagration. This historical event elevated the discourses and practices of medicine to a highlighted position regarding other discourses and the previous period. After that, scientific medicine, physicians, theories, techniques, and medications went through changes and gained further social importance regarding caretaking (Ambra et al., 2018).

Emil Kraepelin (1856-1926), considered the father of modern psychiatry, was the one who classified disorders as endogenous or exogenous. His ideas produced important correlations with genetics. In the same period, Eugen Bleuler (1857-1939), Swiss psychiatrist who realized investigations on schizophrenia, advocated the naming of autism, associating certain modes of mental operation to emotional motivations and ambivalences that are attached to social relations. Karl Jaspers (1883-1969), German philosopher and psychiatrist, proposed the reading of psychopathological phenomena in an integration between dynamic and organic aspects, which was considered revolutionary at the time. Also, French psychiatrist and neurologist Henri Ey (1900-1977) offered significant contributions by integrating neurology and psychoanalysis for the comprehension of psychological discomfort. The formulations of these authors became the basis for the categorization of mental disorders (Ambra et al., 2018).

One of the responsibilities of psychiatry, just like other mental health specialties, is to develop classification systems in order to facilitate the diagnosis and therapy for mental disorders. The difference between the normal and the pathological intends to be done by means of rational and objective criteria so that classifications can be done anywhere in the world, considering the social and cultural specificities. In this sense, just like psychiatry with its classifying systems, especially the Manual Diagnóstico e Estatístico dos Transtornos

Mentais (DSM) or Diagnostic and Statistical Manual for Mental Disorders, has operated. Undoubtedly, it is one of the most successful models of worldly standardizing in the history of psychiatry, although there had been previous efforts. Another successful model in this field is the Classificação Internacional de Doenças (CID), or International Disease Classification, which served as the inspiration for the authors of DSM. It is important to remember that the CID itself refers to other previous system classifications in the health area, on which we will not focus right now (Catani, 2018).

The DSM, psychiatric manual that is a worldwide reference, was published in 1952 with the intention to provide assistance to the mental health of the American population in the post-war period because the trauma caused by the war experience significantly increased the number of patients in need of psychological care. The disconnection among the centers of mental health led to confusion regarding diagnoses and treatments. It was necessary to pay special attention to the areas of personality with transitory disorders and stress reactions, which were common among soldiers returning from the war. In 1968, the second version of the DSM was published as a response to the success of the first version in psychiatric clinics and hospitals, private offices, and community service centers. The most important concern was to correct eventual shortcomings and it was focused in the perspective and on the distinction between neurosis and psychosis, and obviously under strong influence by the psychoanalytical thought (Catani, 2015).

The third version of the manual (1980) includes a comprehensive nosographic description, justified by the need for better precision of diagnoses and by an attempt to facilitate research works in the area of mental health. The managers start to avoid concepts that refer to psychoanalysis, which is the way things had been done until then, for the sake of a model with greater precision in the distinction between the normal and the pathological. This change in paradigm produced many more consequences than the managers will admit. They insist on defending that the alteration allowed all professionals to use the DSM, because the manual had become non-theoretical. The beginning of the end of the psychodynamic vision for these new categories, which predominated between the DSM-III and the DSM-IV, as well as in its reviews, led to a prioritization of the description of behaviors and not the causes and etiologies for the diagnosis and treatment, like in the first editions. With the publication of the last version, the DSM-5 now has the objective to also appreciate the causes and the etiology of the disorders; the categories are provided with further subdivisions in each one of the classifications, which leads to greater precision in the classification and diagnosis. From the historical point of view, the third edition was the most revolutionary one, by betting on the stabilization of diagnostic categories and on the clarity of communication. The edition became

the key point of a psychiatry that was sustained by epidemiologic methods and by the consensus of work groups (Catani, 2015).

The fourth edition (2003) was already disconnected from the psychoanalysis for the sake of a neo-organic position. The priorities of the APA at that moment were clinical, educational, research-oriented, and supported by an empirical basis. Their authors referred dissatisfaction with the term mental disorder, which could result in a mistaken exclusion of physical disorders that are associated to a psychiatric condition at the moment of assessment. However, according to the managers, the adoption of the term disorder referred to the notion that it was an actual condition, susceptible to transformation and that did not characterize the person as subject. According to the specialists, the fourth edition was concerned with benefitting the clinical practice and removing aspects that led to unfair judgements or negative connotations (Catani, 2015).

The last edition of the DSM-5<sup>1</sup> (2014) went through alterations and nominalist redefinitions on the symptoms, but new categories kept being produced, although there is no doubt that there is a recognition that relational situations can bring extra loss to the lives of patients who deserved attention. It is important to emphasize that the presentation of the manual started to follow a chronological order regarding the phases of development, with the intention to facilitate consultation. In addition, according to the authors, the new conception of the manual aims at realizing a pluridimensional form of the mental disorders, connect them to genetics, to neuroscience, to epidemiology, to clinical investigation, and to cultures, while including the scientific advancements towards the psychiatric comprehension (American Psychiatric Association, 2014).

Although there is still plenty of historical trajectory in the psychiatric diagnoses, this panoramic presentation intends to offer sufficient conditions for the analysis of the approximation between psychiatric diagnoses and learning problems, as well as their impact on school education and the students.

#### **HISTORICAL CONSIDERATIONS ON THE PSYCHOLOGICAL STUDY OF LEARNING PROBLEMS**

The institution of a public education system in Brazil in the First Republic can be considered part of the worldwide process of diffusion of schooling for the masses that took place in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries, when several national States made efforts to provide their populations with education, regarding the dissemination of a common national culture, the formation of civilized habits and the preparation for

work. Therefore, there was the established of public schools that consolidate an operation mode that is still familiar to us. A school where students of the same age group are put together in classrooms and where generalist teachers are in charge of the education of children in the initial years, whereas specialist teachers take turns in the teaching of students in more advanced classrooms, where teaching happens predominantly in the classroom and that includes the realization of periodical exams in order to control the results of the realized activities (Nóvoa, 1996). At such school, it is expected that students learn content together and internalize the required behaviors, the ones that do not live up to expectations are regarded as problems for teachers and the administration of content (Lima, 2020). Attempts were made to solve the problem by different means, including the psychology resource, the development of which in the country had been closely related to activities realized at Normal Schools for the formation of teachers (Antunes, 2007).

Given the motivation to produce objective knowledge on students, based on which it was intended to promote a scientific renovation of school practices, normal schools became privileged spaces for the production and application of psychology notions. The introduction of psychology in the school domain created the expectation of a more rational distribution of students in the classrooms in which the criteria for distribution are the students' capacities, which would lead to as much individualization of teaching as possible, at a school that is organized to promote simultaneous education. It was expected that this would lead to better performance and a reduction of the high failure rates that were observed especially in the first year of elementary school (Lima, 2020). Experimental psychology and psychoanalysis were present in the discourses of educational psychology, especially when it came to investigating the problems presented by the children that gravitated away from normality because they were unable to learn or did not behave in accordance with the teachers' expectations. The psychology of development, on the other hand, helped in the description of gradual acquisitions made by the children with time and the evolution of their interests, contributing to the establishment of normality parameters for each age. Its incorporation into the educational discourse was accompanied by recommendations for the reformulation of curricula, which should be adapted to child psychology (Lima, 2020).

Contemporary analysis on the history of psychology in its interfaces with education characterized the 1980s and the 1990s as a period of crisis for the discipline. In this period, the academic context produced a series of criticisms to the discriminatory and individualizing practices in the school context (Barbosa & Marinho-Araújo, 2010), made effective by school psychology, oriented by an educational psychology that associated school difficulties to biological disabilities

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<sup>1</sup> A noteworthy comment: it is the first time that the DSM employs the standard number system instead of Roman numerals. In the managers' opinion, that would be especially useful in the searches and investigations in the scientific field.

and disregarded social and school factors related to problems experienced by the students at school. The service provided by psychologists as a response to school demands was questioned because it was considered that, by contributing to the adjustment of students to the requirements of the institution, these professionals participated in the reproduction of the instituted relations that legitimized the dehumanization of man when their practice reproduces or maintains exclusion (Guzzo, Mezzalana, Moreira, Tizzei, & Silva Neto, 2010, p. 133).

The classic study named *A produção do fracasso escolar* (1990), or the Production of School Failure changed the ways of thinking the relations between psychology and education and triggered most of the criticisms to school psychology in Brazil. The research realized by Maria Helena Souza Patto demonstrated how psychology participated in the naturalization of so-called *learning problems*, by attributing the difficulties faced by students at school to individual disabilities or family inadequacy. The author also emphasized the way psychology, by dedicating itself to producing objective knowledge on students and their capacities, by means of the elaboration of tests for measuring intelligence of other means of assessment, validated the disqualification of the students who did not do well at school and in such diagnostic procedures. These students, most of which were part of the economically vulnerable population, were tested by specialists who came from privileged contexts and who had a lot of prejudice regarding poor children and their families. Their conceptions were reflected in the production of tests and inquiries in which the bad students were assessed and, most often, judged as incapable or immoral. Based on the psychology resource, school failure was systematically explained as a consequence of biological incapacity in the children or their families' incompetence, while disregarding the possibility of participation of schools themselves in the production of obstacles for learning (Patto, 1990). More recently, in the context of the growth in the number of prescriptions of medication to treat learning disorders, Guarido and Voltolini (2009) resumed their affirmation that the psychologization of education contributed to the belief that failure at school was exclusively due to personal factors in each individual, such as family maladjustment.

The studies on school failure in Brazil started to include school complaints as the central object of investigation. It is understood as a cry for help at school that is targeted at psychologists. Did the researches realized at schools and psychology services that were dedicated to the assistance of children attempt to clarify issues such as the so-called learning problems? What are the attitudes of the children in the classroom that are reasons for psychological referral? How are they classified by educators? (Souza, 2000, p. 137). Critical

analysis of the descriptions of the problem children and that were produced by their teachers were compared to the perception of psychologists who, in their research works, dedicated themselves to getting to know the children individually, without submitting them to the assessments and norms that were established by the school. And these research works identified that, most of the time, children who are described at school as apathetic, undisciplined, or disabled proved curious, intelligent, sensible, and creative in their interactions with the psychologists (Moysés & Collares, 1995; Patto, 1990; Souza, Machado, Freller, Souza, & Souza, 1989). Other criticisms to educational psychology were made by means of the psychoanalysis perspective. It was argued that the process of psychologization promoted by the pedagogue produced in the teachers a tendency to waive the exercise of authority and education itself, because this time there as a fear to violate the nature of the child and do damage to their development. The teachers started to avoid making decisions without consulting the psychology specialists, who were supposed to provide answers to all questions and also instructions regarding the way the students' minds operate and how to teach them (Lajonquière, 1998).

The articles that currently elaborate the criticism to medicalization of behaviors at school, characterized in the following session. Criticisms formulated in the realm of psychology can be related to these perspectives.

#### **CONSIDERATIONS ON THE DISCOURSES THAT ARE FAVORABLE AND UNFAVORABLE TO THE MEDICALIZATION OF CHILDHOOD**

The articles on the diagnosis and treatment of ADHD, as well as the ones on the medicalization of teaching were selected from the SciELO, which is a bibliographical data base of Brazilian scientific periodicals, initially comprehending the period from 1997 and 2017, when the first survey on these works was realized. For the production of this article, researchers also took into consideration the years 2018 and 2019 in order to reach the most recent period until the beginning of the covid-19 pandemic in 2020, when schools were forced to adopt distance teaching in order to avoid the dissemination of the virus and the concerns related to learning difficulties were directed at the sudden transformation of the school life of children. The online search focused on the following keywords: medicalization and treatment of learning disorders. The search led to the location of 49 articles on the medicalization of education. Based on the reading of abstracts, it was identified that 27 were relevant to this analysis. Regarding ADHD, 86 articles on the theme were initially found. However, some of the published articles were in foreign periodicals or did not correspond to the established outlines, so 21 articles were selected. They represented some topic related to the treatment of ADHD in children and adolescents.

According to what was indicated in the introduction, the term *medicalization* is adopted by authors that criticize the use of medication as a means to solve learning difficulties in school children, whereas the term *treatment* is used most of the time by authors who believe in the use of medication. Next, we will attempt to offer a more detailed characterization of the two selected sets of articles.

### ***Hyperactivity and its treatment***

The obtained ADHD productions that approach the history learning disorders guarantee that the first symptom that was registered in the medical literature was hyperactivity in 1865. Only in 1902 was the first transcription of the disorder published. It was related to the alteration of moral effect (Santos & Vasconcelos, 2010, p. 717). The analyzed articles affirm that, for a long time, doctors believed such disorder was caused a minor injury in the brain. In 1962 scientists realized that it was not an injury. It was rather a case of disfunction of the nervous system and the disorder became known as the Hyperkinetic Reaction. This nomenclature went through some modifications throughout the 22th century. It was referred to as lethargic encephalitis, minor brain injury, minimal brain disfunction, hyperkinesia, and Attention Deficit Disorder (ADD), until, in the DSM-IV (1994), it received the name of Attention Deficit Hyperactivity Disorder (Bzozowski & Caponi, 2009; Santos & Vasconcelos, 2010).

The texts affirm that ADHD is a major mental disorder among children and adolescents at school age. Thiengo, Cavalcante and Lovisi (2014) affirm that 3% to 4% of the children population need full care due to some mental disorder. The rates demonstrate that 3% to 6% of these children have confirmed diagnoses, and the number of boys with ADHD is greater than the number of girls with this condition (Andrade, Silva, Belizário Filho, & Silveira, 2011), while the estimated proportion is 9 boys for every girl (Rohde & Halpern, 2004). All analyzed articles affirm that the diagnosis must be based on the American system (DSM-IV) which defines diagnostic criteria for such disorder in two modules, while one is related to lack of attention and another to hyperactivity and impulsiveness (Souza & Ingberman, 2005, p. 2). The DSM-IV suggests that in order to get an ADHD diagnosis it is necessary that the symptoms are frequent in the lives of the patients and that there is a correspondence of at least six of the symptoms of lack of attention and/or sic of the symptoms of hyperactivity/impulsiveness. The manual includes, for example: distraction by external stimuli; difficulty to keep one's attention focused on tasks or leisure activities; inability to quiet down, extreme restlessness, or difficult to patiently wait for one's turn (American Psychiatric Association, 1994, pp. 83-84).

Some articles affirm that, beyond DSM-IV, the diagnosis of the disorder must also be clinical and realized by more than one professional. Generally,

researchers mention physicians, psychologists, hearing and speech therapists, and psychopedagogues. They consider that they must take into consideration the cultural and historical context of the children, as well as interviews with people who are close to the children such as parents and teachers.

By approaching the ADHD treatment, most affirm that psychopharmacological medication must go together with psychological support. Some typical assertions that were obtained in different assessed articles and endorse the use of medication are: the treatment for ADHD involves multiple approaches, including psychosocial and psychopharmacological interventions (Rohde & Halpern, 2004, p. 9). It is important to consider that a more efficient treatment for ADHD involves a combination of medication and psychotherapy (Souza & Ingberman, 2000, p. 4). The medication treatment with stimulants, anti-depressants, or clonidine, combined with multi-disciplinary support, leads to better performance by the children with ADHD at school" (Araújo, 2002, p.104). Most specialists consider stimulating medication to be the most effective for the treatment of ADHD (Desidério & Miyasaki, 2007, p.168). The treatment for ADHD requires a multiple approach, including psychotherapeutic and pharmacological interventions" (Santos & Vasconcelos, 2010, p. 719) and, also, "The treatment for ADHD can be realized by means of therapy and medical prescription. Such interventions can be assessed concomitantly by the professional who are engaged in the interventive diagnostic process, because isolated medication does not contemplate the subjectivity of each individual" (Parente & Silvério, 2019, p. 3755).

Another factor that was relevant for the analysis of the discourses was the use of medication and the use of methylphenidate in order to mitigate the symptoms of the disorder. It is also important the highlight the fact that many of the analyzed articles refer to an improvement in attention and impulsiveness, major symptoms of ADHD, when the children continually use these medications. There are four articles that in the title refer to the use of the substance. They are: Attention Deficit Disorder: Treatment with Methylphenidate. (Guerreiro, Montenegro, Piva, & Moura-Ribeiro, 1996); Effect of Methylphenidate in the Hearing Process of Children and Adolescents with Attention Deficit Hyperactivity Disorder (Cavadas, Pereira, & Mattos, 2007); Methylphenidate in the Treatment of Attention Deficit and Hyperactivity Disorder in Children and Adolescents (Venancio, Paiva, Toma, & Bonfim, 2010); and Use of Methylphenidate in Children with Attention Deficit and Hyperactivity Disorder in a Municipality in the Countryside of Paraná, Brazil (Barbosa, Peder, & Silva, 2016 ).

### **Medicalization of childhood**

The texts on the medicalization of education were published in psychology and pedagogy periodicals, and

its authors have formation in these two areas. When the authors focus on the historical of the problem, they affirm that it was in the 20<sup>th</sup> century with the intensification of hygienist practices in Brazil, that medical knowledge was disseminated in the school education field with the objective preventing diseases and bad habits. According to researcher Renata Guarido (2007, p.155),

In the beginning of the 20th century, children are basically the object of pedagogy. In this century, the first physicians who were dedicated to face the serious problems of child development will find fertile partnership to provide forms of treatment for these children.

The articles that were analyzed and that deal with the history of medicalization at school refer to the concepts for biopower and biopolitics that were formulated by Michel Foucault, according to the evidence provided by the following excerpts:

To Foucault (2008b), biopolitics as life management walked hand in hand with liberalism as a lifestyle, aiming more at a business subjectivity than at the subjectivity of the individual of rights, despite the establishment of coalitions and intersections between the two in the sphere of the health market, in a neoliberal political economy, especially (Lemos, Galindo, Rodrigues, & Ferreira, 2019, p. 262).

The norm became a technology that ceased to be substantive and became verb (normalize). In order to do so, it uses the discipline of the bodies and the biopolitics of the populations, which, in combination, make up biopower as a secondary biopolitics (Lemos, 2014, p. 4)

The scene is taken over by the processes of intensification of life and that coexist, paradoxically, with the processes of their own destruction (...) It is in this scenario of biopower and biopolitics that multiple factors pose for education professionals new dangers and new ethical issues (Heckert & Rocha 2012, p. 87).

In these articles, the concept of medicalization refers to the practice of transforming non-medical matters into medical matters. Four definitions of the term appear as follows: In addition to a simple prescription of pills or drops, medicalization is an act of transformation of bodies that insist on deviating, forcing them to return to their place of conformity and acceptance” (Barbosa, 2019, p. 12); We define here the medicalization of life as a process that is quite interwoven with the society of our times, in which medical knowledge extends itself to the most diverse areas that are implied with human well-being (Decotelli, Bohre, & Bicalho, 2013, p. 451); Medicalization is a device that changes political, social,

and cultural problems into personal questions to be treated or medicated. The individual is isolated from a context in order to analyze in detail their particularities and make them pathological. (Christofari, Freitas, & Baptista, 2015, p.1080); Process of medicalization of medicalization, that is, of reduction of matters of social, educational, political, linguistic, pedagogical, and emotional nature into aspects of biological order (Signor, Berberian, & Santana, 2017, p.748).

An important point of divergence between discourses that are favorable and unfavorable to medicalization is the way to establish the diagnosis of learning problems. While the favorable discourses affirmed that the DSM-IV must be the most important reference for the diagnosis, the authors that are contrary to the use of medication criticize the standardized tests that are applied on children. According to Maria Aparecida Moysés and Cecília Collares (1997), proposing standardized tasks to Psychological Clinical Practice silences children, and denies them the voice to speak of themselves, of their own lives, and of their intention to be individual. Another consideration made by the authors in this set of articles is that the test situation to which the child is submitted, normally in a room with the psychologist, does not lead the children to express their true colors.

#### FINAL CONSIDERATIONS

The present article aimed at analyzing and characterizing two sets of discourses on learning problems at school: the first one putting together two authors who subscribe to the use of medication for the treatment of learning difficulties and the second one is formed by texts that condemn such practice. The discourses that are favorable to the use of medication affirm that learning disorders are biological disorders and, as such, they must be treated with medication, especially methylphenidate. It is important to consider, however, that the examined texts emphasize that medication assistance must be supported by psychotherapeutic treatment.

On the other hand, the texts that use the term medicalization defend that the insertion of psychology in the educational field contributed to the pathologization of behaviors that are not suitable for childhood. They consider that treating learning problems as a disease is reductionist and tends to disregard several other involved factors, such as the living conditions of children in the home environment, the disagreements between the conceptions of good student for teachers and the characteristics of their students, related to their original cultural environment, and the disagreement among traditional practices and the interests of children nowadays etc.

In order to conclude this analysis of the terms of the controversy, it is important to remember psychiatrist Allen Frances (2016), American physician with practice in the academic field, author of some books and responsible

for the leadership of one of the groups that are in charge of the elaboration of the DSM-IV, that is, someone that for many years followed and defended with emphasis the discourse produced by this classification and treatment with psychopharmaceuticals, as he recognizes in his book *Back no Normal*: how the excess of diagnoses and the medicalization of life are ruining our sanity and what can be done for us to retake control.

The reading of the work by Frances (2016) reinforces that alterations in the manual are, without a doubt, all the time anchored in the historical and scientific context and evidence how much the field of neurology and the pharmacological industry developed in an articulated way. In his book, he affirms that the preoccupation of psychiatry with care became associated with the objective to avoid that people got sick, becoming temporarily unproductive. The sooner a diagnosis was produced and the patient was medicated, the greater would the chances be for them to rapidly return to work. Regarding the children, a similar reasoning was adopted, that is, as soon as a deviation was detected in their behavior at school, they should be treated so that they would not become onerous or unproductive in the future. There was this new notion that all deviation regarding the norm could be corrected with medication. In this sense, it is significant that, just like in the discourses on medicalization examined here, Foucault is a reference for Frances in his analysis of neoliberalism as a management of forms of life (technologies of the subjectivity) and on the forms of existence esthetics (self technologies).

Frances (2016) observes that the expansion of the means of communication and the facilitated access to information by the media interfere in the production of symptoms and the in the vulgarization of the scientifically-based diagnoses, leading part of the population to identify a disorder that corresponds to their psychological discomfort. He is categorical when he says that the association between these political and economic interests of the pharmaceutical industry make the expenses with medication go stratospheric. In addition, in his opinion, this gets intensified when it comes to children, because the parents who are concerned with their children's well-being and feel insecure as to the right attitude, are led to making investments that are even greater.

If even in the DSM-II, the notion of suffering was determined by the neurosis or the psychosis, and therefore, of a loss and not of contact with reality, after the DSM-III, it becomes fundamental to identify and name all types of psychological discomfort. It can be said that before there was greater flexibility of the categories, but not all kinds of suffering could be classified. After the DSM-III, all types of discomfort got a name, which led to the possibility of placing very subject with a symptom at the right place, and making them belong to a group, even it is a group of sick people.

The question nowadays is whether this providence has not prevented us from making a more comprehensive and deeper reflection on our suffering and on the difficulties that children face in their schooling process. For educators, there is the addition of the challenge to understand what the learning difficulties of their students allow them to see about the school itself, its history and its practices, before considering the diagnoses and the medications as a perfect solution.

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*Boletim Do Instituto De Saúde - BIS*, 14(2), 237–246. Recuperado de <https://periodicos.saude.sp.gov.br/bis/article/view/34138>

Submitted on: August 31, 2022

Approved on: October 09, 2024

Ana Laura Godinho Lima receives scholarship from CNPq

This paper was translated from Portuguese by Régis Lima.

**Section Editor:** Maria Júlia Lemes

**Data availability:** the contents underlying the text of the research are included in the manuscript