

---

---

## MEDICALIZATION IN POWER-KNOWLEDGE RELATIONS: A LOOK AT MEDICALIZED CHILDHOOD

Rodrigo Ramires Ferreira<sup>1</sup>  
*Universidade Estadual de Maringá, UEM, Brazil.*

**ABSTRACT.** This work was carried out through a literature review of researches addressing the medicalization of society by means of normalizing strategies. It aims to understand medicalization processes in society by exploring discourses created by power-knowledge relations. This article analyzes the historical construction of this concept, its limitations and consequences, in addition to the very high rates of medicine consumption as a way to find relief from suffering as quick as possible. Furthermore, it attempts to understand the presence of such processes in childhood in order to comprehend diagnostic processes that tend to biologize social and affective relationships, as well as the legitimization of such processes in schools, families and society. These analyses allowed observing that medicalizing processes define and standardize individuals, undermining their ability to take a stand historically and politically. Authors such as Michel Foucault, Ivan Illich, Peter Conrad, Ian Hacking, their commentators, among others, provided the basis for this article.

**Palavras-chave:** Medicalization; power; childhood.

## A MEDICALIZAÇÃO NAS RELAÇÕES SABER-PODER: UM OLHAR ACERCA DA INFÂNCIA MEDICALIZADA

**RESUMO.** O presente trabalho foi realizado por meio de pesquisa de revisão bibliográfica que tem como foco o estudo da medicalização na sociedade construída por meio de estratégias normatizadoras. Visa compreender os processos de medicalização na sociedade, pautados principalmente nas relações de poder-saber, e os discursos que delas advêm. Pretende-se traçar um histórico da construção desse conceito, compreendendo-se suas delimitações e ações que refletem no grande consumo de medicamentos no intuito de acabar ou diminuir um sofrimento da forma mais rápida possível. Além disso, almeja-se discutir a presença desses processos no universo infantil, compreendendo-se os processos diagnósticos que tendem a biologizar as relações sociais e afetivas e a legitimação destes nas escolas, famílias e sociedade. Pôde ser observado, por meio destas análises, que os processos medicalizantes delimitam o indivíduo, normatizam-no, minando sua possibilidade de posicionar-se histórica e politicamente. Autores como Michel Foucault, Ivan Illich, Peter Conrad, Ian Hacking, seus comentadores e outros autores serviram de base para o presente artigo.

**Palavras-chave:** Medicalização; poder; infância.

## LA MEDICALIZACIÓN EN LAS RELACIONES SABER-PODER: UNA VISIÓN CERCA DE LA INFANCIA MEDICALIZADA

---

<sup>1</sup> E-mail: rodrigoramirez1@gmail.com

**RESUMEN.** Este estudio se llevó a cabo por medio de revisión de la literatura de la investigación apoyada en los estudios de la medicalización de la sociedad construida por intermedio de estrategias normalizadoras. Su objetivo es entender el proceso de medicalización de la sociedad guiada principalmente en las relaciones de poder-saber, y los discursos que provienen de ellos. Se pretende dibujar una historia de la construcción de este concepto, sus límites y acciones que reflejan el gran consumo de medicamentos con el fin de eliminar o reducir el sufrimiento lo más rápido posible. Además, su objetivo es discutir la presencia de estos procesos en el universo infantil, tratando de entender los procesos diagnósticos que tienden a biologización de las relaciones sociales y emocionales, y la legitimidad en las escuelas, las familias y la sociedad. Podría ser observado por medio de estos análisis, los procesos de medicalización delimitan el individuo, o normalizan, minando su capacidad de posicionarse histórica y políticamente. Autores como Michel Foucault, Ivan Illich, Peter Conrad, Ian Hacking, sus comentaristas y otros han servido de base para este artículo.

**Palabras-clave:** Medicalización; poder; infancia.

---

## Introduction

The medicalization process has been growing over the years in modern society and is a subject studied by different authors from different areas, such as Ian Hacking, Michel Foucault and Sandra Caponi in philosophy, Peter Conrad in sociology, Joelson Tavares Rodrigues, Maria Aparecida Affonso Moysés and Charles Dalcanale Tesser in medicine, Renata Guarido in psychology, among others. Medicalization can be understood as an incursion of medical-biological knowledge in the field of social relations.

This means that the countless forms of expression of human subjectivity are acquiring an increasingly pathological character due to new forms of power-knowledge relations. The demands of an industrial society based on the capitalist model which has as current norm the logic of consumption, have increased the search for medicines that treat human “suffering” and, it could not be different, are gaining ground in the subjective production of childhood.

The need to silence suffering at any cost, the idea that it should not be part of human development processes, serves as a media motto to establish logic of consumption about medicines that make the latter the only “healthy” way of subjective production.

The understanding of this phenomenon and its processes will require a look at the history of the concept of medicalization in society, how it moves through power-knowledge relations, and how the normalization of society takes place through knowledge discourses, with the body and the population as objects of the norm. Besides these considerations, this study will take into account the psychopharmacological revolution of the 1950s, with studies about new and revolutionary psychiatric drugs, new editions of the DSM (Diagnostic and Statistical Manual of Mental Disorders) and how their descriptors are generated, the growing intervention of medical knowledge in schooling process, and the participation of the pharmaceutical industry.

Finally, there will be a discussion about this whole process in childhood – the appropriation of medical knowledge by the school and society in an attempt to solve social and learning problems, reducing them to a single biological possibility. This investigation will address learning disorders, mainly ADHD (Attention Deficit Hyperactivity Disorder) and the increasing number of children diagnosed with it, as well as the treatment provided – nearly exclusively with drugs.

Dialoguing with some of the studies mentioned this article is intended to understand how medicalization is constructed in modern society. For such a purpose, it will analyze some of the factors embedded in relations that aim to normalize and biologize subjective manifestations, especially in their production in childhood, such as the pathologization of social relations, and interventions based on a single biologizing model centered on a deficit discourse.

## On the concept of medicalization throughout history

The concept of medicalization gained ground in the 1960s with studies by philosophers, sociologists and researchers from the health field, in a context of radical change in medical and psychiatric thinking. Foucault (2004) points out that the medical discourse starts to produce realities, practices and discourses that lead individuals to adopt certain ways of living, thinking and behaving. This production of knowledge permeates Foucault's studies of relations of power, studies which took more than a decade from the author. Thus, there is no intention herein to go through this construction of the Foucauldian thought, but only to contextualize it with the production of medical knowledge.

A relation of power over bodies is constructed by discipline, mainly present in institutions, which control and subject bodies, making them docile and useful, by means of a hierarchical and normalizing surveillance (Foucault, 1983). With discipline as a central form of domination of bodies in the exercise of relations of power, medicine, as of the eighteenth century, plays a control role, governing modes of individual and collective conducts, defining some rules to guide modern life not only when it comes to diseases, but also to forms of behavior such as sexuality, fecundity, fertility and others (Gausenzi & Ortega, 2012).

This notion makes room in the medicine field for various events of the social, collective and even political fields to be encompassed by the medical knowledge in order to give these factors a solely biological character. This is the medicalization of social processes. Thus, medicine establishes such a relationship with individuals so that, by producing a disciplinary knowledge, it can create discourses that have social control as its purpose, assigning the subject the role of a mere patient, a strictly biological body (Sanches, 2010). The author also points out that medicine begins to seek the "truth" about the patient's disease, leaving aside his/her way of living and socioeconomic and political conditions in the context of his/her suffering.

This logic would keep subjects distant so they do not hinder the identification of their disease pre-established in a nosographic design. "With this new rationality, the medical focus has turned to the body and to it alone as the place of the disease. The patient has been silenced [without regard for] what he/she had to say about his/her suffering" (Sanches, 2010. p. 7. Emphasis added).

However, the individual is not a passive pole that surrenders his/her unproductive and ill body to the biologizing discourse of modern medicine. It is precisely the notion of being inserted into a tangle of relations that enables the subject to have "different ways of being in the world and in the constant creation of new forms of life" (Gaudenzi & Ortega, 2012, p. 10).

When we speak of contributions about the study of medicalization since the 1960s, we have to include, in a historical overview, the findings of Ivan Illich, Peter Conrad and Ian Hacking. The analyses done by these authors are in line with what is presented here. Illich was a radical critic of modern medicine. When he published in 1975 *Medical Nemesis: The Expropriation of Health – regarded as his first critique of health* – he even claimed that this was a major threat to the health of individuals, saying that the medical corporation threatened health, that the medical colonization alienated means of treatment, and that its professional monopoly prevented the scientific knowledge from being shared (Illich, 1975). The author shows then three reasons why medicalizing processes are harmful to an individual's health:

first, technical intervention in the body, above a certain level, removes from the patient characteristics commonly designated by the word health; second, the organization needed to support this intervention becomes a sanitary mask of a destructive society; and third, the biomedical device of the industrial system, by taking over the individual steals from him/her all his/her citizen power to control such a system politically. (Illich, 1975)

In this same work Illich uses three types of iatrogenesis, namely clinical, cultural or structural, and social. Clinical iatrogenesis is caused by the very care that results in damages attributed to lack of security and to the abuse of medical technologies and drugs. Cultural or structural iatrogenesis refers to the loss of cultural power of people and communities for them to deal with diseases and suffering (Illich, 1975).

Social iatrogenesis, as Gaudenzi and Ortega (2012) and Sanchez (2010) discuss, is a form of social medicalization. It brings diagnosis as a form of social control that steals the individuals' autonomy by disseminating the role of ill and makes them passive and dependent on the medical authority. This occurs even in situations where they could not be present, making the need for medical care natural "due to the ordinary fact that they are pregnant women, newborns, children or elderly" (Gaudenzi & Ortega, 2012, p.7).

In addition to diagnosis, two more forms of social iatrogenesis are present in Illich's work. They are the medicalization of budget – in which medical expenses increase considerably but with no improvement in one's health condition – and the pharmaceutical invasion, in which medicines have their consumption increased (Illich, 1975). Twelve years after these studies, Illich lists other pathogens, culminating in his second critique of health, when he "shifts the focus from physicians to large industries, the media and other therapeutic agents" (Gaudenzi & Ortega, 2012, p. 8).

This shift is Illich's self-criticism, according to Nogueira (2003). The author points out that Illich's self-criticism is similar to Foucault's studies in the sense that the notion of iatrogenesis is based on the history of the body and its practices, and that health, beyond a social right, "has become an obsessive need that has to materialize in the body experience" (Nogueira, 2003, p. 186). Still according to the author, for a long time Illich criticized the fact of modern medicine pruning the autonomy of individuals, making them subject to unnecessary treatments and giving them a passive role, that of ill.

Other authors, like the sociologist Peter Conrad, also see medicalization as a social process, an incursion of medical knowledge, which is biologizing in the social and relational field. Conrad (2007) shows that over time the social field of health and disease has been changing and that, increasingly, several human issues start to be medicalized, such as obesity, reproduction, etc. This process can bring benefits to an individual; for instance, for belonging to the category of ill individual, he/she can have coverage for treatments and surgeries, aids and retirement pensions and be exempted from responsibility for certain behaviors (Sanchez, 2010).

In this same analysis, the philosopher Ian Hacking examines medicalization through diagnosis; the subject starts to incorporate it, acting in accordance with it, and the human being is affected according to what is said about him/her. Thus, we can say that the author is talking about a process in which there is a need for social belonging of different natures, in this case a belonging related to a subject's suffering. This becomes fundamental in the legitimization of a medical, pharmaceutical and biologizing discourse that was constituted throughout history, with some changes in the psychiatric thought and the advent of new and different ways to categorize people, as we will see in the next section.

## **Constitution of paradigms and new categorizations**

Besides all the analysis of society, of the discourse of modern medicine, other aspects are also of paramount importance for the understanding of medicalization and its ground gain in contemporary society, as indicated below.

The psychiatrist Joelson T. Rodrigues (2003) points out two moments that culminated in what today has become modern psychiatry. In an era when psychiatry and psychoanalysis went hand in hand (the 1960s and 1970s mainly), advances in technology and studies of psychiatric drugs begin to bring a new configuration to this close relationship. The first one is that, as studies begin to show that new medicines promise to end symptoms in a more effective and quick way, long psychotherapeutic processes lose space.

This "pharmacological revolution" has gained ground with Donald Klein's studies with anxious patients, in which clinical responses to medication begin to determine even nosological conditions (Rodrigues, 2003). In the case of ADHD, Toledo (2008) highlights that some of the diagnostic criteria are based on subjects who had better pharmacological responses to amphetamines in researches – ethically questionable – carried out since the 1930s with children considered hyperactive, long before the disorder was made official.

From these new determinations, we have the second point brought by Rodrigues (2003), according to which diagnosis categorization systems in psychiatry start to demand new nosological categorizations, culminating in the publishing of the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM III) of the American Psychiatric Association (APA). It is from this point that psychiatry has its ties with psychoanalysis broken, giving priority to a descriptive and atheoretical characterization of psychiatric conditions (Rodrigues, 2003).

Long before, in the first two versions of the DSM, there was a division into organic and non-organic disorders, with a strong psychoanalytic influence in said versions. Many non-organic-based disorders could be handled with non-pharmacological treatment, since they did not have then a biological basis. The first two editions of the DSM, released in 1953 and 1968, respectively, were basically a glossary of diagnostic categories and their clinical descriptions of mental disorders (Araújo & Lotufo Neto, 2014). There were a little more than a hundred disorders described in both editions and their descriptors were strongly influenced by psychoanalysis, being divided into organic and non-organic disorders, with just a few changes between both.

Then, from the publishing of the third edition of the DSM, in which there is a clear break with psychoanalysis, the notion of non-organic disorder is disregarded, making room for the full biologization of modern psychiatry. In this way, “disorders which used to receive a differentiated treatment – psychological – have become disorders which, defined in strictly medical terms, should be treated like any other disease, that is, medically” (Russo & Venâncio, 2006, p. 469). The authors continue saying that this evolution in the way of thinking the diagnostic categorization, and the increase in the number of diagnostic categories from 180 in the first manual to over 350 in its fourth version, occur precisely with the production of new medicines.

It is clear that, by adopting a categorization system with biological basis and a positivist model of science that psychiatry started to adopt from then on, medicalizing processes gain a very solid foundation to be reproduced in society. The new categorizations contribute to the appearance of more and more disorders, with increasingly elastic criteria following the production and consumption of more and more medicines, a fertile ground for strategies of the pharmaceutical industry.

### **The pharmaceutical industry and the biopolitical strategy: brief considerations**

With the production of knowledge about the body from the eighteenth century by means of disciplinary technologies exerting power over life – what Foucault called biopower – this body begins to be seen as primarily biological, a body as a machine, which should be useful and docile.

Power-knowledge productions, historically constituted, change as of the nineteenth century, acquiring a new social configuration mainly due to the population growth in “newly industrialized” cities. These changes refer especially to a “shift of focus”, a supplement to the disciplinary power that begins to be exerted not only over the individual body, but over the population life, the species body.

The new patterns of population organization give rise to the need for control of quantitative, statistical data, incidence of diseases and epidemics, accident prevention; as shown by Foucault (1978), the Western man gradually experiences a new way of living, and the biological field will be reflected in the political field. The development of this new knowledge, a quantification of populations, assess their living conditions in terms of collectivity, reproduction, longevity, fertility, housing, migration, adding an extra dimension to the State about the conditions of its population (Both 2008). At this moment, normality is associated with the concept of health, and here we have population statistics as a tool of the norm; a negative biological variation in data can be associated with pathology and, inevitably, can and should undergo medical interventions (Caponi, 2009).

The concept of normal is dual; on one hand, it refers to a statistical mean, and, on the other hand, it is valued, regarded as desirable, just as it should be (Nordenfeld 2000 cited by Caponi, 2009). This opens up a field of knowledge that will tell people what to do in terms of care for the health and the body so they adapt to this norm, this normality.

From the analysis by Machado and Lessa (2012) we can identify the massive participation of the pharmaceutical industry in this whole process. The relationship of pharmacology with biomedical rationality brings in medicalization the solution to stalemates in social and subjective aspects. An ethical dialogue in the health field is necessary in contemporary society (Machado & Lessa, 2012).

With the change in the psychiatric thinking and new diagnostic categorizations, as pointed out earlier, the pharmaceutical industry expands its participation as a field of knowledge, based on biopolitical strategies in the context of population control. Allied to modern psychiatry, which deems itself capable of anticipating an anomaly, or abnormality, in the sense of strategic prevention, it then characterizes itself as a defender of the social order (Caponi, 2009).

It is a strategy of power that curtails people, leading them to seek an immediate solution to their suffering so they fit a normality pattern. This means reducing to the biological plane the ethical and political field, every aspect of human condition, social and binding relations, taking them to a Manichean determinism about what is normal and abnormal, limiting the population's scope of ethical and political action (Caponi, 2012).

The search for satisfaction, happiness, for a healthy and perfect body, combined with an established need to stay away from suffering, turns this conduct into logic of consumption. The subject constituted in this logic feels a sense of belonging and inclusion and, without it, will be strictly out of a social order, will be deemed excluded, and will stand on the margins of the society in which he/she lives (Rodrigues, 2003).

Nevertheless, this logic of consumption imposed by the pharmaceutical industry in relation to medicines increasingly points to the eternal pursuit of a normality defined by certain standards, which, inserted in consumption, is "impossible" to achieve. Thus, far beyond bringing to normality those who do not fit health standards, medical knowledge together with the pharmaceutical industry operate in the sense that happiness or normality will only be achievable with the use of medicines, as pointed out by Machado and Lessa (2012).

The pharmaceutical industry manages to establish itself as a producer of the medical power-knowledge relationship, especially after the new way of thinking psychiatric disorders from the third edition of the DSM. Using an articulating mechanism of biopolitics – and this does not refer to the manual only – the distinction between normal and pathological is a problem "inherent of any psychiatric categorization: the elasticity of diagnostic criteria and the diffuse and imprecise boundaries existing between the normal and pathological" (Caponi, 2012, p. 115).

In May 2013, the fifth edition of the DSM was published, and the elasticity in it is much greater than that of the previous edition. With the certainty that the key is to prevent mental disorders by identifying risk behaviors, "the DSM creates a number of light pathologies with doubtful identification and adds them to the existing ones.

The risk issue and the ambition for early detection of individuals likely to come to suffer a psychiatric pathology that can be prevented before it becomes chronic is one of the major topics that have accompanied modern psychiatry throughout its history. This principle has caused a massive process of medicalization of childhood that begins with the birth of modern psychiatry and remains today (Caponi, 2012, p. 118).

With this door open, the pharmaceutical industry will raise medicines to the level of a product to be consumed, using artifices, oftentimes ethically questionable, to prove the effectiveness of its product. Thus, commercial interests rule over medical knowledge in contemporaneity (Camargo Jr., 2010).

For this reason, it is worth noting the media as an arm of the industry, having medicines as an immediate solution to "deviant patterns" of the population. Advertisements are not only intended to talk about the characteristics of a medicine, but to sell an idea of balance restoration, unproductivity prevention and guarantee of social reintegration, the subject's constitutional agent (Rodrigues, 2003).

Nevertheless, it is worth highlighting here the annual turnover of the pharmaceutical industry, which, according to the science and technology portal at the Brazilian government website (*Portal da União*), reaches 28 billion BRL, including the national market and all medicines. The turnover of this industry

when it comes to psychiatric drugs remains as a big secret, since there is no available data on such information (Portal da União, s.d.).

The operation fits market logic, a production of knowledge aimed at the categorization of the population, taking medicines as the only element that can handle all the complexity of human existence. Suffering reduced to neurochemical terms distances us from our subjectivity, causing us to identify ourselves through pre-established diagnoses, justifying inabilities and failures (Rodrigues, 2003), darkening “our ability to exist publicly and politically, argumentative dialogues, individual narratives, social ties” (Caponi, 2012, p. 119).

We can say that in certain cases the use of medicines brings some benefits to the population; however, these drugs cannot be used to take from individuals experiences regarding the constitution of their subjectivity, which is formed by conflicts, history and narratives that go far beyond biological processes. This process should also be taken into account when we think about childhood, since, increasingly; the latter has been the target of pathologization.

### **A look at the medicalized childhood**

Thinking the concept of childhood based on Ariés (1981), concerning mainly its construction from the seventeenth century, we can say that one of the main processes of the childhood subjectification the author addresses takes place in the school by means of a pedagogization artifice, which can be seen to the present day. The school as an institution is, as well as other total institutions, as Foucault (1983) states, a space for knowledge production where the disciplinary device rules. For Moraes (2012), the family also plays a very important role as a disciplinarian power tool, especially because of its surveillance of the children and their behavior and gestures, as well as knowledge about sexuality.

Regarding the school, education in modernity happens through a surveillance process, which is part of all relationships within the school environment, setting limits to behaviors and installing standardization. The educational process would have as goal the construction of individuals in the sense of allowing them to practice their subjectivity and freedom, but what can be seen in many cases is the constitution of subjects unable to “break” with certain power strategies.

In this way, the educational process occurs through a mechanism of simple transmission of knowledge, in which the objective for the subject is merely to complete the process, without subjective construction. For this to happen, the confinement of the bodies in the institution is necessary for the exercise of disciplinary power.

This confinement, already challenged since the fifth century by the “impertinences and wanderings” of the preschool child, generated a pedagogical practice for the correction of this type of behavior (Carrijo, 2007). The author continues saying that Ariés’ narrative shows the adult’s lack of patience with the child in modern times, and several studies from that time show a child without the values of reason, who “attacks the adult’s principle of freedom (...) and proves unresponsive to a strictly verbal educational action” (Carrijo, 2007, p. 3).

For Bercheire (2001), before the nineteenth century childhood has its concepts generated in pedagogical doctrines and, in the early twentieth century, it becomes object of interest of psychology and psychiatry, pointing to a medicalized discourse on learning processes and child development. Medical knowledge will treat of disorders that might take from this child his/her ability to be an adult fully, so he/she can be prepared without barriers to the training of his/her body by power devices. This is a fertile ground for the production of psychiatric knowledge about children, and their subjectivity is reduced to the biological field.

All that does not fit these norms will be transformed into disease; learning and child behavior are taken as abstractions that do not depend on the subject. The surveillance of the compliance with norms that will ensure health and learning in a salutary way enables the “creation” of the “failure to learn” disease (Moysés, 2008).

This practice is legitimized by various areas of knowledge that do not dialogue with the subject’s social and historical context. His/her subjectification is left out and this surveillance of disciplinary

character of medicalizing processes takes the form of care that seeks to promote attention skills and limit the child's excesses (Carrijo, 2007).

New types of knowledge produced from then on such as neurosciences, neuropsychology and pediatric neurology/psychiatry strengthen power strategies that have the brain – the biological – as the center of all “ills” and human suffering. They are devices intended to produce soon in the child, with the validation of medical-psychological discourses by pedagogy, a sense of not belonging, unproductivity and abnormality, in an accountability movement against the individual (Guarido, 2007).

This comes from the end of the nineteenth century and beginning of the twentieth, with medicine setting boundaries to school spaces, attitudes and ways of making a child's body, with the “discovery” of diseases that impair learning, such as congenital verbal blindness, minimal brain damage, idiocy, among others, which will categorize children mainly as unfit or with dysfunctional brains that will cause a failure to learn (Moysés, 2008). According to the author,

By extending its field of practice to the school environment, medicine starts to act on this environment according to its own view. By standardizing precepts for proper learning, it causes a failure to learn. It medicalizes education, turning educational and political problems into biological, medical issues; it creates the nosological entities of *diseases related to failure-to-learn-at-school* and proposes a solution to them. In anticipation, it predicts that problems will happen and deems itself as the one with the solutions (Moysés, 2008, p. 11, emphasis added).

The school cannot sustain its disciplinary model through pedagogization only; it needs the interference of other standardizing power mechanisms, biopolitical strategies such as medicalization, to fulfill its role as an institution; for this to happen, the psychiatric discourse appears as a “savior” of the school institution.

This causes the numerous disorders affecting learning and others specifically concerning the production of subjectivity in childhood, present in the atheoretical (as it proves to be) Diagnostic and Statistical Manual of Mental Disorders (DSM) in its four editions, and which increase every new edition. In addition to a large number of new descriptors, old disorders gain new guises and more elastic limits for their identification, not to mention a numeral determinism about indicators. ADHD, as we will see below, is an example of this process; the manual's criteria for this disorder are so repetitive and broad that, even if a child does not fit one, he/she is easily fitted into others.

### **ADHD and its construction in the school, in modern psychiatry and in the pharmaceutical industry**

The Attention Deficit Disorder with or without Hyperactivity has its construction started in the 1950s. It is basically a new guise of Minimal Brain Dysfunction; its symptoms are organized into three groups: inattention, hyperactivity and impulsivity (Moraes, 2012). It became well-known in the 1960s mainly due to the advertising it received and the controversial treatment with methylphenidate (Ritalin), a psychotropic drug from the amphetamine category (Moraes, 2012). Its diagnostic process is still very controversial today.

Its diagnostic descriptors reflect mainly in the school environment, where children invest their time – or should do so, according to normalizing strategies of modernity – and moves through the learning or non-learning field, as Moysés tells us (2008). This causes, especially in the individualization of the “problems” presented, a strong discourse pointing to an innate and biological inability of the child to enjoy a school life and, consequently, a healthy learning; it is individualization in the body.

A child who is restless and shows no interest at school, in the eyes of the educator, is likely to be referred to specialized services after being previously diagnosed with ADHD by the teacher, a practice which is encouraged by the medical discourse and society (Sanches, 2010).



The diagnosis of ADHD is controversial, as shown by several studies like Moysés (2008, 2011), Collares and Moysés (2007), Sanches (2010), Caponi (2009, 2012), Guarido (2007), among others, as well as national organs such as ANVISA, CFP, etc., especially for taking into consideration the precepts pointed out by the DSM that fit some behaviors into certain descriptors which take into account biological factors, through a system that tends to biologize human suffering. Another controversy refers to the treatment provided for ADHD, which is predominantly drug-based and considers only an individual's dopamine levels.

Added to this there is a range of misinterpretations of numerous scientific studies that aim to give a biological basis to ADHD, dyslexia and other learning disorders in childhood. An investigation by Gonon, Bezard and Boraud (2011) about misinterpretations of these studies and how this is reflected in the media shows that there is a tendency to overvalue results favoring a biological basis in articles in specialized journals and this reflects in the media in general to a much larger extent. This creates a knowledge that legitimizes the psychiatric medical discourse on the need for drug-based treatment.

That said, the impact of misinterpretations awakens in society some hope of cure, since a learning disability faced as a treatable disease relieves the hearts of parents and exempts the school from the responsibility for the formation of the subject, blaming him/her instead. The production of school failure ceases to have a multifaceted character and acquires a solely biological sense.

The increasing incursion of medical knowledge in schooling multiplied the diagnoses of learning-related disorders. More recent data from the Brazilian National System for the Management of Controlled Products [*Sistema Nacional de Gerenciamento de Produtos Controlados*] (SNGPC), from 2013, point an increase of 75% in the consumption of methylphenidate (Ritalin) between 2009 and 2011 among children aged 6 to 16 years old. A total of 1,212,850 boxes of said medicine were sold in 2011, and 557,588 boxes in 2009. If we consider the comparison between 2001 and 2011, this growth is over 1,600% (Correia Filho and Oliveira, 2011). This data places Brazil as the second largest consumer of medicines in the world, behind the United States only.

The coordinator of the SNGPC, Márcia Gonçalves, states that control can help identify cases of prescription and consumption abuse of this drug, and draws attention to the fact that this consumption drops considerably during school breaks and even weekends, and one of the recommendations for the administration of the drug is to lower dosage in these periods (ANVISA, 2013).

Moysés (2008) points out that methylphenidate, produced by Novartis and Janssen-Cilag laboratories under the names of Ritalin and Conceta, respectively, has not been thoroughly tested yet and that there are many controversies as to its purpose and effectiveness in the body. Even its package insert says that its action has not been fully elucidated and describes a number of adverse reactions such as insomnia, headache, psychosis, suicidal thoughts, in which case it asks for the treatment to be interrupted immediately. For being an amphetamine it can cause dependence, according to the laboratories (Ritalin, 2013).

It is questionable that a treatment with such a powerful psychiatric drug should be reduced in certain periods such as school breaks and weekends, and that, according to its package insert, it is contraindicated for restless people. Now, we could see that most of the diagnosis is given after school referrals precisely because of this "symptom".

According to Moysés (2011), in her interview to the *Carta Capital* magazine, it is a questionnaire whose criteria is the social norm, not the disease, and a higher incidence in at least six of the 18 questions leads the individual to be diagnosed with ADHD. The researcher questions how a neurological disease can be identified based on a questionnaire of social nature.

It is important to stress that, given the considerations, the biopolitical strategy of the pharmaceutical industry finds a great efficiency in power-knowledge relations. It assists in the spread of information about new diseases through not only general and specialized media, but also by funding professionals, lectures, meetings, programs and partnerships, including in the academic context, funding researches of its interest (Moraes, 2012).

All this medicalizing process, which takes place through various strategies of a normalizing power that individualizes and naturalizes learning difficulties, walks a path that goes far beyond intervention in the biological body. A sanitization and standardization device is assembled in such a way that the naturalization of these processes begins to justify the medicalization of children with learning difficulties,

mainly because they are from underprivileged strata of society, considering the lower school performance in public elementary and secondary schools.

Political and social processes around such issues are disregarded because medication seems to be effective in the eyes of the population and even leaders in the fight against poor education. This means that what is reflected in the media, concerning misleading considerations in studies of learning disorders, as pointed out earlier, strengthens the normalizing discourse, effecting individualization, taking the focus away from subjective and social constitution processes.

It is not a coincidence that we have been seeing the number of bills growing – we see here the norm operating to legislate on diseases – at legislative houses of federations and the Federal Government in order to legitimize the diagnoses of ADHD and other non-learning processes, on the part of teachers from the education network in Brazil, as well as training courses for workers from the education field to learn how to diagnose these disorders (Sanches, 2010).

The productions of power-knowledge discourses decrease possibilities of subjectification, in addition to ruling and normalizing life in a movement that is historically constructed. There is an attempt to nullify potential risks for society and individuals by diagnosing and treating the latter “with drugs that guarantee at least their normal integration into the productive society, whose justification control has been named as ADHD” (Moraes, 2012).

## Final considerations

What could be observed is that medicalizing processes are part of a strategy of power that defines and normalizes subjects. The current logic of consumption of society makes individuals to feel a need to settle in a place, in a norm that is difficult to question, since they are somehow bombarded by different types of knowledge, by various actors, including by themselves, so they fit a pattern and, beyond that, eternally seek within it happiness and especially a life without suffering.

Also in the childhood universe, there is some accountability, an individualization of suffering or learning difficulties. This triggers a movement in the sense of not looking at everything that is around these productions, the living conditions of society, and its historical, social and political directions.

We could identify that pathologization and biologizations reveal the implicit ideal of a contemporary social being that medicine and psychiatry help make: a caricature of perfect people for the capitalist society: productive, self-centered and created to consume.

Finally, it is necessary to broaden the debate about a whole process that is historically constructed, so that society can leave a survival state to move to a living state.

## References

- Anvisa (2012). *Boletim de Farmacoepidemiologia do SNGPC*, ano 2, n. 2. Brasília.
- Araújo, A. C., & Lotufo Neto, F. (2014). A nova classificação americana para os transtornos mentais – o DSM-5. *Revista Brasileira de Terapia Comportamental e Cognitiva*, 16(1), 67-82. Recuperado em 01 de setembro, de 2015, de <http://www.usp.br/rbtcc/index.php/RBTCC/article/viewFile/659/406>.
- Ariès, P. (1981). *História social da criança e da família*. Rio de Janeiro: LTC – Livros Técnicos e Científicos Editora S.A.
- Bercherie, P. (2001). A clínica psiquiátrica da criança: estudo histórico. In O. Cirino (Org) *Psicanálise e psiquiatria com crianças: desenvolvimento ou estrutura*. (pp. 127-144). Belo Horizonte: Autêntica.
- Both, V. (2008). *O biopoder e o discurso dos direitos humanos: um estudo a partir de Michel Foucault*. Dissertação de Mestrado em Filosofia, Universidade do Vale do Rio dos Sinos, São Leopoldo Recuperado em 19 de julho, de 2015, de

- [http://www.educadores.diaadia.pr.gov.br/arquivos/File/2010/artigos\\_teses/FILOSOFIA/Dissertacoes/Valdevir\\_Both.pdf](http://www.educadores.diaadia.pr.gov.br/arquivos/File/2010/artigos_teses/FILOSOFIA/Dissertacoes/Valdevir_Both.pdf).
- Camargo Jr., K. R. (2010). A economia política da produção e difusão do conhecimento biomédico. In S. Caponi S., M. Verdi, F. S. Brzozowski, & F. Hellmann (Orgs.), *Medicalização da vida: ética, saúde pública e indústria farmacêutica* (pp. 36-48). Palhoça: Unisul.
- Caponi, S. (2009). Biopolítica e medicalização dos anormais. *Physis*, 19(2), 529-549.
- Caponi, S. (2012). Classificar e medicar: a gestão biopolítica dos sofrimentos psíquicos. *Revista Interthesis*, 9(2), 101-122. Recuperado em 19 de julho, de 2015, de <https://periodicos.ufsc.br/index.php/interthesis/article/view/1807-1384.2012v9n2p101>.
- Carijo, A. (2007). Da pedagogização à medicalização: a construção social da infância pela representação do "cuidado". *Palestra proferida no XIV Encontro Nacional da ABRAPSO*. Rio de Janeiro: Universidade Estadual do Rio de Janeiro.
- Collares, C. A. L. & Moysés, M. A. A. (2007). Medicalização: elemento de desconstrução dos direitos humanos. In Comissão de Direitos Humanos do CRP-RJ (Org.), *Direitos Humanos? O que temos a ver com isso?* (pp 153-168). Rio de Janeiro: CRP-RJ. Recuperado em 19 de julho, de 2015, de <http://www.crpj.org.br/publicacoes/livros/direitoshumanos.pdf>.
- Conrad, P. (2007). *The medicalization of society on the transformation of human conditions in treatable disorders*. Baltimore: The Johns Hopkins University Press.
- Correia Filho, J. & Oliveira, C. (2011). Quem precisa de remédio? *Revista do Brasil*, 64. Recuperado em 19 de julho, de 2015, de <http://www.redebrasilatual.com.br/revistas/64/saude>.
- Foucault, M. (1978). *História da Sexualidade I: a vontade de saber*. Rio de Janeiro: Graal.
- Foucault, M. (1983). *Vigiar e Punir: nascimento da prisão*. Petrópolis: Vozes.
- Foucault, M. (2004). *Microfísica do poder*. Rio de Janeiro: Graal.
- Gaudenzi, P. & Ortega, F. (2012). O estatuto da medicalização e as interpretações de Ivan Illich e Michel Foucault como ferramentas conceituais para o estudo da desmedicalização. *Revista Interface – Comunicação, Saúde, Educação*, 16(40).
- Gonon, F., Bezard, E., & Boraud, T. (2011). Misrepresentation of neuroscience data might give rise to misleading conclusions in the media: the case of Attention Deficit Hyperactivity Disorder. *PLoS One Online Journal*, 1(24). Recuperado em 19 de julho, de 2015, de <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0014618>.
- Guarido, R. (2007). A medicalização do sofrimento psíquico: considerações sobre o discurso psiquiátrico e seus efeitos na Educação. *Educação e Pesquisa*, 33(1), 151-161.
- Illich, I. (1975). *A Expropriação da Saúde: Nêmesis da Medicina*. Rio de Janeiro: Nova Fronteira.
- Machado, L. V. & Lessa, P. S. (2012). Medicalização da vida: ética, saúde pública e indústria farmacêutica. *Psicologia & Sociedade*, 3(24), 741-743.
- Moraes, R. B. S. (2012). "...como se fosse lógico": considerações críticas da medicalização do corpo infantil pelo TDAH na perspectiva da sociedade normalizadora. Tese de Doutorado em Administração Pública e Governo: Governo e Sociedade Civil em Contexto Subnacional, Escola de Administração de Empresas de São Paulo, Fundação Getúlio Vargas, São Paulo. Recuperado em 19 de julho, de 2015, de <http://bibliotecadigital.fgv.br>.
- Moysés, M. A.A. (2008). A medicalização da educação infantil e no ensino fundamental e as políticas de formação docente: a medicalização do não-aprender-na-escola e a invenção da infância anormal. *Palestra proferida na 31ª Reunião Anual da Anped*. Recuperado em 19 de julho, de 2015, de [http://31reuniao.anped.org.br/4sessao\\_especial/se%20-%2012%20-%20maria%20aparecida%20affonso%20moyses%20-%20participante.pdf](http://31reuniao.anped.org.br/4sessao_especial/se%20-%2012%20-%20maria%20aparecida%20affonso%20moyses%20-%20participante.pdf).
- Moysés, M. A. A. (2011, 20 de fevereiro). A droga da obediência. (Entrevista a Livia Perozim). *Revista Carta Capital*. Recuperado em 19 de julho, de 2015, de <http://www.cartacapital.com.br/carta-fundamental/a-droga-da-obediencia/>.
- Nogueira, R. P. (2003). A segunda crítica social da Saúde de Illich. *Interface Comunicação, Saúde, Educação*, 7(12), 185-190.
- Portal da União. Indústria Farmacêutica (s.d). *Portal ciência e tecnologia: tecnologia em saúde*. Recuperado de <http://www.brasil.gov.br/sobre/ciencia-e-tecnologia/tecnologia-em-saude>
- Ritalina: *Cloridato de Metilfenidato*. (2013). São Paulo: Norvatis. Bula de remédio.
- Rodrigues, J. T. (2003). A medicação como única resposta: uma miragem do contemporâneo. *Psicologia em Estudo*, 8(1), 13-22.
- Russo, J., & Venâncio, A. T. A. (2006). Classificando as pessoas e suas perturbações: a "revolução terminológica" do DSM III. *Revista Latinoamericana de Psicopatologia Fundamental*, 9(3), 460-483. Recuperado em 19 de julho, de 2015, de <http://www.redalyc.org/articulo.oa?id=233017487007> Acesso em 19 de julho de 2015.
- Sanches, V. N. L. (2010). *Estudo sobre o processo de medicalização de crianças no campo da saúde mental em um serviço de atenção básica no município do Rio de Janeiro*. Dissertação de mestrado em saúde coletiva, Escola Nacional de Saúde Pública Sergio Arouca, Fundação Oswaldo Cruz, Rio de Janeiro. Recuperado em 19 de julho, de 2015, de <http://www.bvssp.icict.fiocruz.br/lidbi/docsonline/get.php?id=2422>.

Toledo, R. (2008). Imaging Attention Deficit with Hyperactivity Disorder: How Visual Hermeneutics can Shed Light on an Inter-Disciplinary Controversy. *The international journal of technology, knowledge and society*, 4(1), 169-176.

*Received: Jul. 27,2015*  
*Approved: Dec. 08,2015*

---

*Rodrigo Ramires Ferreira*: PhD student of the Postgraduate Program in Psychology at the State University of Maringá [Universidade Estadual de Maringá]