

CHILDHOOD AND PATHOLOGIZATION: OUTLINING THE NO-LEARNING ISSUE

Mariana de Barros Barbosa ¹; César Donizetti Pereira Leite ¹

ABSTRACT

In this text, we propose a reflection on some aspects related to the pathologization/over-medicalization processes of one's childhood, from a psycho-pedagogical, cultural, social, and medical perspective. In order to achieve this objective, we connect this theme with the concepts of biopolitics, faciality and power practices that intend to have an effective control over life and human existence. We also wish to highlight how over-medicalization has been a major treatment solution for supposed pathologies and how this practice intends to individualize patients in a negative meaning, attributing, exclusively to them, problems that emerge in diverse political, historical and social contexts.

Keywords: child; learning; pathologization.

Infancia y patologización: contornos sobre la cuestión de la no aprendizaje

RESUMEN

En este texto nos proponemos a reflexionar acerca de algunos aspectos relacionados a los procesos patologización/medicalización de la infancia, alienados a una perspectiva psicopedagógica, cultural, social y médica creando algunos conexiones de esta temática, con los conceptos de biopolítica, rostidad y de las prácticas de poder que actúan en la perspectiva de un efectivo control sobre la vida y la existencia humana. Se pone de relieve como la medicalización ha sido la principal forma de tratamiento de las supuestas patologías y como esta práctica tiende a individualizar los sujetos en un sentido negativo atribuyendo exclusivamente a estos problemas que tienen origen en diversos contextos políticos, históricos y sociales.

Palabras clave: niños; aprendizaje; patologización.

Infância e patologização: contornos sobre a questão da não aprendizagem

RESUMO

Neste texto nos propomos a refletir acerca de alguns aspectos relacionados aos processos patologização/medicalização da infância, alinhados a uma perspectiva psicopedagógica, cultural, social e médica criando algumas conexões desta temática com os conceitos de biopolítica, rostidade e das práticas de poder que operam na perspectiva de um efetivo controle sobre a vida e a existência humana. Ressaltamos como a medicalização tem sido a principal forma de tratamento das supostas patologias e como esta prática tende a individualizar os sujeitos em um sentido negativo atribuindo exclusivamente a estes problemas que têm origem em diversos contextos políticos, históricos e sociais.

Palavras-chave: criança; aprendizagem; patologização.

¹ Universidade Estadual Paulista Júlio de Mesquita Filho – Rio Claro – SP – Brasil; marianapedago@bol.com.br; mvhleite@uol.com.br

PRELUDE

Nobody is perfect
Everyone has puffy eyes
At six in the morning
Everyone gets sick
Once in a while
But the ballerina is not like everyone

Nobody escapes the fear
Fear of rising
Fear of falling
Fear of vertigo
(Buarque & Lobo, 1982)

The purpose of this text is to discuss some aspects that involve the processes of pathologization and medicalization of childhood. Our starting point will be the observation of some special aspects that, in recent decades, have been pointed out as justification for the processes of pathologization and medicalization and their interfaces in the production of relations with the notion of power practices and the modes of control strongly imposed over life and human existence. These aspects often aim to contain movements towards the production of difference in our society.

We have observed in our studies that at least three trends have become more relevant and we highlight here first a psycho-pedagogical perspective of the process. In a second moment, but not far from this notion, we have identified an idea that combines cultural and social issues allied to failure and finally and more recently, medical issues. What follows is a brief overview of these conceptions.

The perspective we call psycho-pedagogical here points us to studies related to conceptions of development and learning presented as a justification for school failure. These studies combine stage-based perspectives that serve as the basis for the construction of identity fields demarcating what we now call normal and pathological. In this sense, those who do not fit into the standards determined by these conceptions end up being diagnosed with some type of disability, disorder, or learning difficulty. Concerning this issue, Lahire (2008, p. 73) argues that:

... when talking about particular cases, teachers tend to focus solely on one trait, one aspect of the child's life (being left-handed, having gone under surgery once, having a health problem)...

or the child's family (single-parent family, unemployed parents living with the support of welfare programs by the State...), as an attempt to turn these aspects into the cause of school problems.

We can see that such arguments tend to individualize

children's learning practices, referring, almost always, to a biological view related to social issues. These views are presented in recent theoretical discussions such as Patto (1990), who argues that such practices are inside and outside schools

... the absence, in the dominated classes, of norms, patterns, habits, and practices that were present in the dominant classes, were taken as indicative of cultural delay by the lower classes, which would bring them closer to the primitive state of the ethnic groups of origin. Thus, the apparently logical conclusion was the existence of inferior or different cultures rather than constitutionally inferior races or individuals... (Patto, 1990, p. 45, author's griffin).

Another perspective broadens this notion and opens a fruitful field in the processes that lead to student failure. These approaches point at cultural, social and religious differences between classes as justification for the educational failure associated with the lower classes. Thus, the school becomes a social institution that incorporates a certain appreciation to certain types of knowledge and behaviors found in the ruling classes. In addition, the ways of manifesting acquired knowledge and socialization are limited by the ways in which the school determines how these can be manifested, defining fields of knowledge and power legitimized by institutions.

In addition, the studies of Patto (1990) and Lahire (2008) with low-income families, whose children the school diagnosed as presenting learning difficulties, show us the opposite of the discourse that is usually heard – that these families are negligent and do not appreciate the school education of their children, thus revealing the importance they attribute to school education. Concerning these students Patto (1990, p. 340) also points out that

The cause of school inadequacy lies in its own poor quality, in the assumption that poor students do not have the skills that they often have, and in the expectation that students from low income families do not learn or that they do so in conditions adverse to learning, all in a context of underappreciation of the most impoverished students attending elementary public school. It is at least incoherent to jump to the conclusion that the so-called 'needy child' inevitably suffers from learning difficulties at school, based on their performance at an institution in which the very educational system might be hindering, in several ways, the students' development.

Finally, more recent explanations associate the educational failure of children with the processes

of pathologization of no-learning and some other behaviors. In this respect, Christofolletti (2012) warns us in his research that there was an appropriation of no-learning by medical knowledge and this ended up giving the condition the status of a disease. The researcher also reveals to us that we are facing a process of medicalization of life that turns everything into a medical condition. Thus, we notice the development of a tendency to transform everything and everyone that does not fit into the ideal model as a pathology. For Voltolini (2016, p. 81),

... medical terminology and its products (medical drugs, diagnostic categorizations, referrals, etc.) have been abundantly present in educational practices. Medical knowledge gets increasingly ubiquitous and more powerful in contemporary societies, to the point of being defined as a knowledge that feeds and regulates the mechanisms of social control...

When we seek medical explanations for issues related “poor performance” at school, we tend to lose sight of the processes that are producers and components of subjectivity while disregarding the contexts in which these processes materialize. For Souza (2016, pp.63-64)

... medicalization means the presumption that an individual's issues are beyond his/her capacity to provide solutions and, therefore, the need for resolution, modification, and revision by professionals from other areas, because the issues are related to the field of public policies, culture, and society. These issues are transformed into pathologies, personal disorders, or family disorders...

In a complementary way, Luengo (2010) reveals that the literature focused on student failure highlights “bad behavior” and “learning difficulties” as conditions that demand a diagnosis and a drug-based treatment. This ends up in the diagnosis of various disorders in children, such as: dysorthographia, dyslexia, dyscalculia, dysgraphia and ADHD (Attention Deficit Hyperactivity Disorder), which is on top the list of the disorders to which medications are most prescribed, and is also seen as the disease of “not learning” and “hyperactive”, “disobedient”, and “inattentive” behaviors.

Moysés and Collares (2013) in their studies on pathologization/medicalization report that the Diagnostic and Statistical Manual of Mental Disorders (DSM) was created by the American Psychiatric Association (APA) and, in its first 1952 edition listed 106 categories of mental disorders, in its second edition (DSM-II) in 1968 there were 182 disorders. Still in 1968, with the DSM-III, it was possible to perceive

an inclination of American psychiatry towards the biomedical, biologizing, organicist model with 265 listed disorders. In 1994, the DSM-IV reached the mark of 297 disorders. It included the “spectrum” that encompasses people who have some characteristics of a disorder, but do not fill the complete picture.

In 2013, in its fifth version, the DSM-V reached the mark of 306 disorders (Ribeiro, 2015). These data reveal how much our life in general has been regulated by medical knowledge. With each new edition more and more “diseases” are invented or included so that not a single issue concerning human characteristics and conducts is left unanswered.

Some studies (Luengo, 2010; Cabral, 2016; Moisés & Collares, 2015) reveal that medical practice has been seen as one of the main means of “solving” the problems faced by children. As a result, we have the pathologization of children's behavior and actions and the subsequent prescription of medication. According to Moysés and Collares (2015, p. 80)

In Western societies, there is a growing trend to handle problems related to life by means of medical procedures, with the transformation of collective, social, and political issues into individual, biological ones. Treating social issues as if they were biological brings the world of human life and the world of nature down to the same level. All instances of power, in whose bowels such problems are generated and perpetuated, are exempt from responsibilities.

Biologizing life in this context means looking at human beings from the biased point of view of life in its organic or genetic constitution, thus ignoring, in a certain way, life in the constitution of the subjectivity of individuals in their socio-historical dimension. In relation to this Oliveira (2013, p. 87) points out that

... the scientific perspective of understanding the physical world was extended to the social world and to human relations, producing not only supposedly scientific ways of understanding these relations, but also creating patterns of dogmatically accepted, physical, psychic, behavioral, and social normality. Thus legitimizing the perception of everything that does not fit into pre-established patterns as mistakes of deviations.

In addition, Luengo (2010) draws attention to binary divisions that we tend to apply to things like: order - disorder, health - disease, crazy - sane, superior – inferior, and normal-abnormal. This way of looking at things and conceiving life limits us a lot, because it is as if we could only be one thing or another, as if it was not possible to move between identities and sometimes even become

something that has not been named yet. In other words, this way of operating does not account for all the elasticity that living life demands.

These are situations in which the roughness of the body (our 'deficiencies', our genetic variability), cultural differences (an accent, a regional style), class differences, age or even those related to variations in ways of being (our idiosyncrasies, our small subjective territories) impose on human encounters a permanent work of openness to otherness and the production of the common. (Vincent, 2016, p. 35).

And that requires us to have a greater openness and sensitivity to what is different, and not to look at this difference as something inferior, but rather as a possibility for sharing and collective production. Thus, it is important to think about the methods of observation by means of which we have been watching children who resist the norms that shape and regulate them, whose movements and bodies resist the expropriation of experience, the submission of their passions and desires to pre-established standards. We perceive the passions and desires of children not as something caused by lack, but rather as something fluid, like a flow that produces displacements and creates other ways of being, living, and doing while breaking away from previously instituted orders. It is

... an invitation to think that, we are beings of desire. And here we understand desire not as wishing for property, as possession or something of which we can say 'I want it' or take it over. Neither is this desired caused by lack, castration, or absence of something. Desire without the need to capture, to trap, to take possession. Desire without goals, with no end, no infinite continuation. Desire as delirium about the world, things, and beings. Desire can be revolutionary in its need to explore, discover, experiment, change, and move. Desire makes things flow, cut, run, and slide. Desire is feeling, it can do something, produce effect, connections, disjunctions, circuits and short circuits (Chisté, 2015, p. 43).

POWER, BIOPOLITICS AND EDUCATION

If you think about it
Everyone has boils, blisters,
Black spots and zits
And the shits and bugs and amoeba
But the ballerina is not like everyone

She got no itch to scratch
Or a wart to hide
Or even bad manners to fix
I you think about it

Everyone has lice
Or sometimes smells funny
Everyone has a nutty brother
But the ballerina is not like everyone
(Buarque & Lobo, 1982)

The poem above provides us with a different perspective to think about the processes related to so-called student failure, because it presents us with a notion in which the marks and differences are constitutive of the processes of production of subjectivity in our relationship with others. Situations such as these have us in a context of biopolitics and, according to Pelbart (2003), this term created by Michel Foucault first appears in 1974 in a conference given by the philosopher in Rio de Janeiro, entitled "The birth of social medicine". The researcher also clarifies that biopolitics would be within a broader strategy that Foucault calls bio power, which historically succeeds the power of sovereignty.

Society's control over individuals is not simply operated by consciousness or ideology, but begins in the body, with the body. Capitalist society, since the very beginning, has invested in the biological, in the somatic, and in the physical. The body is a biopolitical reality. Medicine is a biopolitical strategy (Foucault, 1979, p. 80).

Thus, in general, we can infer that biopolitics corresponds to a power that is exercised over the body, over human life. According to Foucault (1979), the problem of the body is, at first, placed by the State as a greater form of its organization as a nation. At that moment, initial regulations of knowledge and medical training were created. The first statistics related to birth and mortality rates in the population also appeared.

Later, with the advance of industrialization and the development of urban structures, there was a greater concern with issues related to hygiene. Also, according to the author, the political power of medicine began to isolate and individualize individuals in order to monitor them so that the health conditions of individual could be checked. Thus, society could be divided into pre-established spaces, which could be inspected by permanent supervision and recording of all phenomena. Greater control of the population began in relation to diseases likely to become epidemic and the location, and eventual eradication of, risky sanitary conditions. The nineteenth century saw the emergence of "... a medicine that is essentially a control of the health and body of the poorest classes to make them more fit for work and less dangerous to the wealthiest classes" (Foucault, 1979, p. 97).

We realized that, in the beginning, the power over the body occurred from a larger perspective that would establish the State as an organization. Later, such power was refined and became more specific, shifting its

focus from the population to individuals. However, it is necessary to emphasize that even with the specification of power over the individual body, it did not fail to exercise its general control over the population. In this context we highlight here two strategies of power over the body: discipline and biopolitics.

According to Kohan (2005), discipline is a conceptual creation of Foucault that allows us to think about the mechanisms and functioning of some modern institutions and the relations between knowledge and power in societies that involve such institutions attended by circulate. The researcher also points out that the main techniques of the disciplinary device are: examination, hierarchical surveillance, and normalizing sanction. Discipline compares, ranks, differentiates, homogenizes, and excludes those who exhibit behaviors considered inappropriate, such as: delays, lack of attention, carelessness, disobedience, rudeness, and unruliness.

The author also points out that this sanction is organized around rewards and punishments, that is, those who behave "well" are awarded and those who behave "badly" are punished in order to correct their attitude. Examination combines hierarchical surveillance and normalizing sanction. It is a technique that intends mainly to classify and qualify, thus producing an available record "... for the purposes of any institution that examines and justifies its operations in order to treat the individual from an exclusively medical point of view" (Carvalho, 2013, p. 10).

Thus, we can infer that discipline acts in the body individually, in which hierarchical surveillance and normalizing sanction are constant. It operates to control and adjust bodies with the objective to increase their productivity. Here the individual is merely conceived as a body or a machine.

Regarding biopolitics, Brasil (2008, p. 51) stresses that "It is an unfolding of discipline, at a time when power invests not only in the individual, but in life itself, life of the species, now treated as a population". Biopolitics arises as an attempt to manage life thus embodying the global phenomena related to populations, such as: education, health, safety, and culture. It seeks to regulate life in its various aspects; here the subject is seen as a man-species or body-species. For Pelbart (2003)

When biological matters get political, power is no longer exercised over mere subjects of a law, whose limit is death, it is exercised on living beings, whose lives must be take care of. If the threats to life recorded in history, such as epidemics and hunger, can be called bio-history, now there is biopolitics – life and its mechanisms enter the explicit calculations of power and knowledge,

while these become agents of life transformation. The species becomes the great variable in the political strategies themselves. (Pelbart, 2003, p. 58, author griffin).

The power over life as a species deepens and specifies itself more and more. Now, it is not enough to just discipline the body for greater production, but one must act on it dictating what are the best and most appropriate means to live life. "The body has become what is at stake in a struggle between children and parents, between the child and the instances of control." (Foucault, 1979, p. 147). Concerning, this technology of power, Brasil (2008) tells us that it is a

... network of strategies – diffuse and immanent – by means of which power invests on human life, in its biological, subjective, and social dimensions. Today, in addition to the State, biopolitics converges on the process of expansion of advanced capitalism, connecting itself to management, marketing, and consumption techniques. (Brasil, 2008, p. 2).

Issues such as these lead us to reflect on the constitution of the modes of existence, in which the normative production of bodies and life has been constituted as the main strategy of biopolitics. In the past, capitalism was based on selling goods and products to be consumed. Now, capitalism has started to invest no longer on goods, what it sells today and circulates are no longer just products, but ways of life and living,

The fact is that we consume lifestyles, rather than goods. Even when we refer only to the poorest strata of the population, this trend is increasing. By means of the flow of images, information, knowledge, and services that we constantly access, we absorb ways of living, meanings of life, and consume tons of subjectivity. Name it as you want, cultural capitalism, immaterial economy, spectacle society, or even era of biopolitics, the fact is that we have seen, in the last decades, the emergence of a new relationship between capital and subjectivity. (Pelbart, 2003, p. 20, author's notes).

The school reflects all these intersections and inter-constitutions of power that circumscribe our life thus modeling our subjectivities, since "What counts, from beginning to end, is the type of individual that is required, and what is intended achieve with such individual" (Carvalho, 2013, p. 9). Thus, the school institution was developed as an efficient means of creating habits, and producing organization, moralization, and discipline and this served directly the interests of capitalism that needs submissive, well-conditioned, diligent workers. In this sense the school is not democratic, because it operates

with clear standards of norms, rules, and conducts. Those who in a way stands up to these standards, or act otherwise, are seen as different, or deviations of the norm. In this case, difference

... refers to the placement of human beings in the condition of deviations due to causes and origins linked to ideologically determined and socially incorporated aspects. To this extent, the 'different' individual mentioned here is the one who does not share socially determined expectations and who ends up incorporating the label of disabled (launched by social dynamics), which originate from the conceptions of deviation and abnormality. (Souza & Leite, 2008, p. 28).

MACHINERY, FACIALIZATION, AND SUBJECTIVITY PRODUCTION

Throughout history we can see that the difference between adult and child has been transformed into a relationship of inferiority and superiority. Concomitantly with this, we can recently perceive that the difference has come to be seen as deviation/disability established also within a relationship between superior and inferior. Since

This field inhabited by so many students who do not learn, this heterogeneous group that emphasizes the construction of an education system resulting from intense social inequality in our country, was constituted and connected by means of a discourse that promoted of the idea that losers would have constitutional problems in their bodies, or that their bodies would be constituted by something outside the social field. (Machado, 2013, p. 194)

If, previously, the child was seen as something under construction, that is, as someone who is not but will be, the child considered disabled was not and could never be, because it would be outside the standards of what is considered a desirable citizen who will go to school to learn the rules for living in society and then occupy a work space generating capital. As a result

[...] the school is also a biopolitical power converter because, as an institution, it summons, aggregates, and circulates an incalculable series of knowledge according to the machine-like nature of the State. And this isn't just about curriculum training. Such knowledge turns individuals into sources and organizes them into proper groups within a binary system. What is at stake is all the demand for a significant social machinery, convened in order to locate and treat entire groups or populations of individuals. Here is the machinery of the family, medicine,

psychiatry, psychology, and psycho-pedagogy. Here is also the machinery of laws and statutes, the transformation of existence into an aptitude test – a test that qualifies knowledge, behavior, thought, or even body mass index (childhood obesity, right nutrition, wrong nutrition, etc.). (Carvalho, 2013, p. 20).

In relation to the concepts of machinery and faciality, Carvalho (2013) reminds us that these were coined by the thinkers Gilles Deleuze and Félix Guattari, for whom the whole society is crisscrossed by machineries of subjectivity production. Different from a mechanical machine, the subjectivity production machine engenders and employs a series of other machines. For example, the school is a social machine that puts into action a set of other machines, such as: training, moral production, discipline, traditional customs and behaviors, among others. Every machine is traversed by a regulatory social field, which produces and connects an interaction of signifiers that demand a certain type of competence.

Regarding the faciality machine, Deleuze and Guattari (1996) explain that it consists of another technology of power that acts on significance and subjectivation and this semiotics produces a device, a face. We can infer that the significance generates an identity, a meaning, and a direction. The result is a process of subjectivation, that is, a way of dealing with the thing. Faciality acts as a means of mapping the individuals.

In the authors' point of view, we are introduced to a face more than we possess one, since "... *certain power agencies have a necessity for face production ...*" (Deleuze & Guattari, 1996, p. 42, author griffin) and for these agencies no one can be faceless, everyone needs to go through the machine to be properly identified and treated according to the face they receive. It is necessary to clarify that when we speak of faciality, we do not refer only to the face itself, the whole body can be facialized. "Even things can be facialized: a house, a tool, an outfit, etc., you might say things look at you, not because they have a face, but because they are attached to the process..." (Deleuze & Guattari, 1996, p. 41, author's notes) of significance and subjectivation thus connecting to a facializing machine.

We see an identity idea that produces the subjects and places them in a fixed place, thus defining frequency zones and delimiting a field of signifiers

Faces of teacher and student, father and son, worker and boss, policeman and citizen, accused and judge ('the judge had a severe air, his eyes had no horizon...): the individual concrete faces are produced and transformed around these units. These combinations of units... (Deleuze & Guattari, 1996, p. 44).

Allow machines to produce not only faces, but identity fields and landscapes, in which a set of forces that outline certain territories act on the individual.

When we ask ourselves, what is a beautiful house? A good instrument? An idyllic landscape? We call for a certain faciality. Each possible response generates an equivalent exclusion. The good instrument cannot be, at the same time, bad. Faciality machinery employs every form of binary production that, by segmenting the face-meaning, extracts from it one sense as opposed to another. (Carvalho, 2013, p. 617).

For the machine it is not possible to act with several flows or branches, as this in a way could affect and “break” some of its gears. So, it operates only by binarization.

Whatever content is attributed to it, the machine will establish a face unit, an elementary face in biunivocal correlation with another one: it is either a man or a woman, a rich person or a poor one, an adult or a child, a boss or an employee, an “x” or a “y”. (Deleuze & Guattari, 1996, p. 44, author’s notes).

We can perceive the performance of the faciality machine through the processes of pathologization/medicalization, since the child or individual, when diagnosed as devious or deficient, becomes a subjectivity, a faciality. Thus, individuals cease to be themselves and start to have the face of the disease and this becomes the only thing that constitutes their subjectivity. In other words, the characteristics of that individual will serve only to confirm or justify a “disease”, and with this we somehow end up not looking and realizing all the complexity that exists in that human being.

Concerning the issue of disability, it is also important to reflect that this is not only a particular attribute of some individuals. If our intelligence does not understand them and our rationality does not reach them is due to a disability that is not theirs. It’s ours (Pagni, Silva, & Carvalho, 2016). If we consider this idea, we will see that the disability is not only found in the other, but in each of us who are not willing to see the plurality of things.

In this context, this type of education has not prepared people to know how to deal with differences, with life and their problems. It instills in children an idea of “division” where difference is seen as inferiority and not as another way of being oneself among several other possible ways. It is worth clarifying here that we do not deny that learning has its importance, but this is not the only function of the school. Barros (p. 95, 2008) warns us about the importance we attribute to things.

A photographer-artist told me once that sometimes that tiny beam of sunlight on the skin of a lizard is more valuable than its reflection on the ocean. He said more: that the importance of a thing is not measured with measuring tape or with scales or barometers etc. That the importance of one thing must be measured by the enchantment that the thing produces in us. So a little bird in a child’s hands is more important to her than the Andes... There is an exaggeration in me to accept these measures. But I don’t know if that’s a vision impairment or a reason. If it’s a flaw in the soul or in the body. If you take any mental examination on me for such judgments, you will find that I like talking more about leftover food with flies than with doctors.

Due to this content-oriented logic that aims only at preparing individuals for the capitalistic competition, the school has lost sight of one of its primordial functions, which goes beyond learning content. The school is also a place of the development of human beings in all their potentialities. It is a place for sharing experiences, since it is by means of connecting to others that we become human.

In this sense, being a presence and understand the importance of the other and the differences between us is more important than outlining educational relationships. In this perspective, what matters most in the educational issue is not linked to the amount of learning that is produced, but to the connections and experiences that take place, as Larrosa (2002, p. 21) warns us “experience is what we go through, what happens to us, what touches us. Not what’s going on, not what happens, or what does not touch us. Every day many things happen, but at the same time, almost nothing happens to us.” We need to be more open and sensitive to what is different, so that we can live the full intensity of our experiences, since

The new, in time – as in education and almost all other things – is a matter of experience. Attention. Listening. It is a matter of paying attention to unforeseen beginnings, interruptions, and creations. It is a matter of thinking new beginnings all the time. With the intensity of... Childhood. (Kohan, 2007, p. 134).

In view of all these aspects that involve the processes of medicalization and pathologization allied to a psycho-pedagogical, social, cultural, and now medical perspective, the following question arises: What can children marked by these issues of the school development process make us think about the schooling process in contemporary society?

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