

The “Visibility” of Learning Difficulty under the ADHD Diagnosis: Pathologization and Medicalization in Child Education

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Abstract

This study aims at relating the discourse theory to school failure in children diagnosed with the Attention Deficit Hyperactivity Disorder (ADHD) and who use Ritalin. We analyze the concepts of pathologization and child medicalization to evaluate the medical discourse that offers a corresponding “solution” for ADHD.

KEYWORDS: Medical discourse, School failure, Pathologization, ADHD

Introduction

Anyone who has had contact with the universe of schools or with parents of school-age children in the last few years can observe the emergence and establishment of a “certainty” concerning the increased number of children diagnosed with some type of disorder that interferes with their learning. The medical discourse has made the causes of such learning difficulty “clear” and, among them, the most common is the Attention Deficit Hyperactivity Disorder (ADHD). Suddenly, normal aspects of human life, such as distraction, difficulty in organizing tasks and talking too much have been dislocated to the singularity of being a “sick student”. A simple search for the term ADHD on the Internet provides the dimension of how often it has been on the agenda, thus causing the mobilization of parents, health care professionals and educators who intend to warn about the “problem” and recommend “treatment”. However, a critical perspective of the discourse on the subject allows for observing the controversy involving the ADHD diagnosis and the harm that such “treatment” can cause to a child.

Our aim was to analyze, according to the Discourse Theory (FOUCAULT, [1963]1977), the meanings that circulate in the socio-historical context concerning the increasing difficulties faced by schools with the resulting expansion of ADHD diagnoses and elevated child pathologization and medication, observing specifically the increased use of

Ritalin, the brand name of methylphenidate. As regards pathologization, we based on the work by Antonio (2011), who is affiliated to the perspective of Discursive Neurolinguistics, and as regards the concept of medicalization, on the study by Gaudenzi and Ortega (2011) and on how they appropriated Foucault's interpretation of the subject.

The complex pathway of knowledge on ADHD

As previously stated, knowledge on ADHD has suddenly emerged, and it is noteworthy that it has arisen in the school context! Well, the difficulties experienced by the Brazilian school system are notorious. Classrooms are crowded; teachers are underpaid and frequent cases of violence are commonplace in the Brazilian educational setting. Such scenario is the result of increased access to education without the necessary investment in infrastructure or teacher training, which results in the poor performance shown by Brazilian students on national and international evaluations. In summary, school failure is a reality for a large number of students.

What has been observed beyond the statistics is that the unsatisfactory performance of education has often led to the individualization of the problem, which blames the individual at the same time that it does not acknowledge him as a subject inscribed in the school context.

Foucault ([1963]1977, p. VII and IX) warns us about a “fantastic connection” between knowledge and suffering. Such connection is supported on a complex pathway that refutes objectivity through physicians' reducing discourse, which, in turn, founds a positive outlook. It leads to the existence of a “neutral” knowledge that redistributes bodies and views, thus interfering with the relationship between “the one who speaks and what is spoken about” (op. cit.).

It is in the context of such “neutral” knowledge that the search for solutions to the problem is observed. This involves a number of professionals, such as educators, doctors and psychologists, and it finds, in pathologization, an answer that seems to meet many desires: schools, which disclaim responsibility for students' learning difficulties; parents, who redeem themselves of guilt since, after all, it is a “health problem”; and the subjects themselves, who shift to the condition of victims.

Such school reality as a background to a large number of ADHD diagnoses results in medicalization as explained by Silva:

medication can meet various explicit and implicit demands because, at first, it can eliminate the complaints directed to children, thus giving the impression that it is effective and that the problem has been solved, providing some relief for those involved

in controlling hyperactive children. (SILVA et al. 2012, p. 48)

Let us examine the relationship between “the one who speaks and what is spoken about”. The Brazilian Attention Deficit Hyperactivity Disorder Association (ABDA) - in the position of the one who speaks-states that ADHD is

a neurobiological disorder of genetic causes which appears in childhood and often accompanies the individual throughout his life. It is characterized by symptoms of inattention, restlessness and impulsivity. It is sometimes referred to as ADD (Attention Deficit Disorder)¹.

That institution’s website associates the symptoms of such disorder with difficulties in school and in the relationship with parents, teachers and other children, as pointed out by Silva:

The ADHD diagnosis has put the symptoms in such a generic fashion that any individual can easily fit in it, and once that idea has been internalized, the treatment, due to all the previously mentioned reasons, is likely to be drug therapy, thus remedying the uneasiness that it causes, but once again concealing all the other issues involved. (SILVA et al. 2012, p. 49)

One of the consequences of such generic description of symptoms is the appropriation of medical discourse by the school. Various types of materials are available on the Internet, such as manuals² and tests for educators with the purpose “totrain” teachers to identify ADHD. One example is the manual *TDAH: uma conversa com educadores (ADHD: a conversation with educators)*³, which primarily aims at “providing important information on ADHD that will help teachers and other professionals involved in the art of educating so that they are able to identify the symptoms and characteristics of ADHD”. Such material explains how the diagnosis must be made, reiterating that it is solely clinical and that it must be made based on interviews with the child and parents and on the collection of information about the child’s school history.

Hence, the diagnosis of the disorder must be made with basis on the descriptions from classification manuals such as DSM-IV (Diagnostic and

¹<http://www.abdatdah.org/br/sobre-tdah/o-que-e-o-tdah.html> accessed on 06/16/2015.

²<http://www.tdah.org.br/br/sobre-tdah/cartilhas-sobre-tdah.html> accessed on 06/17/2015.

³http://www.tdah.org.br/images/stories/site/pdf/tdah_uma_conversa_com_educadores.pdf accessed on 06/17/2015.

Statistical Manual of Mental Disorders) by the American Psychiatric Association and ICD-10 (International Statistical Classification of Diseases and Related Health Problems) by the World Health Organization. It must follow a number of occurrence and frequency criteria.

Among the warnings concerning the need for attention when identifying the symptoms, the manual rather simplistically shows charts exemplifying the occurrence of such symptoms in a classroom, which can easily lead to mistakes.

In order to illustrate that situation, we reproduce parts of such charts.

Figure 1:

| Inattention Symptoms | Examples of situations. In school, the student: |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Not giving attention to details and/or making mistakes due to omission or carelessness. | <ul style="list-style-type: none"> • performs activities on a different book page from that requested by the teacher; • does not realize the indicative sign of operations when doing calculations; • skips questions. |
| <ul style="list-style-type: none"> • Difficulty sustaining attention in tasks or play activities. | <ul style="list-style-type: none"> • cannot play checkers or chess with schoolmates during break. |
| <ul style="list-style-type: none"> • Apparently not listening when spoken to (having one's head in the clouds). | <ul style="list-style-type: none"> • is more concerned about the break and leisure situations; • draws in his notebook and does not realize that others are talking around him. |
| <ul style="list-style-type: none"> • Difficulty following through instructions and failing to finish chores. | <ul style="list-style-type: none"> • does not realize that instructions express a certain command and performs it in a different way; • does not answer sequenced questions in general, but only one of them. |
| <ul style="list-style-type: none"> • Difficulty organizing tasks and activities. | <ul style="list-style-type: none"> • keeps photocopied materials in wrong |

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| | folders; <ul style="list-style-type: none"> on the day before a test, decides to do research on a different subject. |
|--|----------------------------------------------------------------------------------------------------------------------------------------|

Figure 01: Part of Table 1 from the manual *TDAH: uma conversa com educadores*(ADHD: a conversation with educators, translated).

Figure2:

| Hyperactivity/ImpulsivitySymptoms | Examples of situations. In school, the student: |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> Fidgeting with hands or feet, squirming in seat. | <ul style="list-style-type: none"> takes all the objects around him; drums on his desk during class; slides and lies down in seat a number of times. |
| <ul style="list-style-type: none"> Not being able to remain seated for a long time. | <ul style="list-style-type: none"> asks to go out or to go to the bathroom or drink water several times; always has something to fetch from a classmate’s desk. |
| <ul style="list-style-type: none"> Running about or climbing excessively, or having the feeling of restlessness (seeming to have “ants in one’s pants”). | <ul style="list-style-type: none"> reports that he cannot stop thinking or be quiet. |
| <ul style="list-style-type: none"> Difficulty playing or engaging in leisure activities quietly. | <ul style="list-style-type: none"> does not speak, but shouts; talks all the time during a game. |
| <ul style="list-style-type: none"> Being “on the go” or acting as if “driven by a motor”; | <ul style="list-style-type: none"> does not walk, but runs; frequently bumps into the objects in the classroom. |
| <ul style="list-style-type: none"> Talking excessively. | <ul style="list-style-type: none"> when telling classmates about the weekend, includes |

| | |
|--|-------------------------------------------------------------------------------|
| | other information without being able to conclude or allowing others to speak. |
|--|-------------------------------------------------------------------------------|

Figure 02: Part of Table 1 from the manual *TDAH: uma conversa com educadores* (ADHD: a conversation with educators, translated).

From what moment did “squirming in seat” or “being driven by a motor” become a rational discourse that outlines a scientific discourse about ADHD? Any family members or teachers who have frequent contact with children must admit that they, as a rule, show at least some of such “symptoms”. How have behaviors which were previously children’s qualities become medical language? Let us agree that there has been a mutation in discourse, between what is enunciated and what is silenced. A medical language arises with a measured, ready-made object, without anything that precedes such measurability: how to evaluate the subjective aspects such as “talking excessively” or “being on the go”?

The spacialization and the verbalization of the pathological (Foucault, 1963/1977) can be easily recognized when reading the SNAP-IV questionnaire (SWANSON, NOLAN and PELHAM- version IV), translated from English and utilized as an evaluation instrument, as a starting point for the ADHD diagnosis. The questions transcribed below must be answered by the child’s teacher:

NAME:

GRADE: _____ AGE:

For each item, please, choose the column that best describes the student (MARK IT WITH AN X)

| | Not at all | Just a little | Quite a bit | Very much |
|----------------------------------------------------------------------------------------------------------------|-------------------|----------------------|--------------------|------------------|
| 1.Often fails to give close attention to details or makes careless mistakes in schoolwork or other activities. | | | | |
| 2.Often has difficulty sustaining attention in tasks or play activities. | | | | |
| 3.Often does not seem to listen when spoken to. | | | | |

| | | | | |
|---------------------------------------------------------------------------------------------------|--|--|--|--|
| 4.Often does not follow through on instructions and fails to finish schoolwork, chores or duties. | | | | |
| 5.Often has difficulty organizing tasks and activities. | | | | |

Figure 03: Part of the SNAP-IV questionnaire, designed with basis on the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) by the American Psychiatric Association – EditionIV.(Portuguese version validated by Mattos, P. et al, 2006, translated).

According to Foucault ([1963]1977, p. X), what is established in these forms of children’s behaviors, when evaluated by a subjective criterion, is a “relationship between the visible and the invisible”. Such relationship causes knowledge to change its structure and gives rise, in the view of language, to something that was beneath or beyond its domain. This new structure, which displaces the view, establishes the “problem”, which, in turn, imposes a “solution” that is the desired “plenitude” of scientific objectivity.

Medication as the plenitude of scientific objectivity

In this study, we chose to use information from the Pharmacoepidemiology Bulletin by the National Health Surveillance Agency (Anvisa), according to which ADHD affects 8 to 12% of children worldwide. In Brazil, according to the Brazilian Association of Attention Deficit (*Associação Brasileira do Déficit de Atenção- ABDA*), this figure ranges from 5 to 8%.

The abovementioned bulletin took a survey in 2013 based on records from the National Controlled Product Management System (SNGPC) and showed a 75% increase in the use of methylphenidate for children aged 6 to 16 years between 2009 and2011. Such result reflects an increase in ADHD diagnoses and the advancement of drug therapy for treating the disorder.

Ritalin, the brand name of methylphenidate, is the primary drug used in ADHD treatment.

Since it is a stimulant of the amphetamine family (such as cocaine), if used at a certain dosage, it is advocated that it would help with the performance of school and academic tasks as it increases the activity of executive functions, thus increasing concentration, in addition to acting as a fatigue attenuator.(ITABORAHY, 2009,*apud* SILVA et al. 2012, p. 46)

The expectation regarding the effects of the drug follows the way it is consumed. According to the Anvisa Bulletin, its use increases in the second semester of the year and decreases in the holiday season, which shows a direct relation between drug use and school performance. From these results, it can be observed that “medical rationality” has been able, according to Foucault ([1963]1977, p. XI), “to penetrate the thickness of perception” in such a way that it has determined “the truth” about ADHD, thus providing an opportunity for the practice of generalized medicalization.

Another phenomenon observed is the increased use of the drug by adults. ADHD diagnosis for that population also counts on a similar questionnaire⁴ to that used for children:

| | Never | Rarely | Sometimes | Often | Very Often |
|-------------------------------------------------------------------------------------------------------------------------|-------|--------|-----------|-------|------------|
| PART A | | | | | |
| 1.How often do you make careless mistakes when you have to work on a boring or difficult project? | | | | | |
| 2.How often do you have difficulty keeping your attention when you are doing boring or repetitive work? | | | | | |
| 3.How often do you have difficulty concentrating on what people say to you even when they are speaking to you directly? | | | | | |
| 4.How often do you have trouble wrapping up the final details of a project once the challenging parts have been done? | | | | | |
| 5.How often do you have difficulty getting things in order when you have to do a task that requires organization? | | | | | |
| 6.When you have a task that requires a lot of thought, how often do you avoid or delay getting started? | | | | | |

Figure 04: Part of the ASRS-18 questionnaire developed by researchers in collaboration with the World Health Organization. Translated.

4Mattos, P. et al. Transcultural adaptation to Portuguese of the Adult Self-ReportScale (ASRS-18, version 1.1) for evaluation of symptoms of the Attention Deficit Hyperactivity Disorder (ADHD) in adults. Revista Brasileira de Psiquiatria (in press).

The subjective character of the evaluation is noteworthy as it allows for assigning multiple meanings to the terms used. For instance, which parameters are used to classify a project as “boring” or “challenging”? Additionally, concentration and organization capacity varies from individual to individual. There are tasks that are challenging to some, but not to others; some people are more organized than others. These aspects do not necessarily indicate that an individual has a disorder, but this is not what the evaluation table above indicates. It works with elements that would already serve as evidence of the disorder in a lesser or greater extent, if we read it carefully. An example of this fact is the use of one’s focusing and being attentive for long periods of time (which have become demands of modern life) as an evaluation criterion. Well, sustaining a focus of attention uninterruptedly does not seem to be possible in any activity, weather the individual has ADHD or not. In order to mention another example, we observed that the table above includes questions so as to induce answers that will foster a diagnosis of the disorder by suggesting that “there is difficulty to sustain attention” when performing a “boring” and “repetitive” task.

The perception of a sensitive body becomes transparent, grows and also reaches the adult population. Without taking into account the increasing need for multiple attention, fast thinking and constant connectivity nowadays, the new diagnosis has led many adults to believe that they do not meet the expectations of modern society and that, in fact, they have a biological problem that is chemically treatable. This situation consequently increases the use of Ritalin with the purpose of improving cognitive performance,

Maximizing their productivity, increasing their capacity of concentration, reducing physical fatigue, among other effects produced by the drug, thus meeting the demands of the post-modern world of competitiveness and productivity. (SILVA et al. 2012, p. 51)

It is important to point out that the “redemption” of generalized medicalization ignores the adverse effects that it can cause: besides addiction, excessive emotional distress, unrest, sleep disorders, emotional arousal, agitation and several other conditions may occur, as described by the patient information leaflet itself.

Pathologization and medicalization under the bias of the discourse theory

Some of the first evidence that leads school-age children to be diagnosed with ADHD is their “difficulty” in the process of learning how to read and write. This fact, associated with the large exposure, by the media, of diseases related to learning disorders, leads to what Antonio (2011) refers to as a pre-diagnosis made by parents and teachers:

The pre-diagnostic movement by parents, combined with easy access to lists of symptoms and the search for something that can explain their children’s difficulties pointed out by professionals who are often ill-prepared, generates a banalization of such pathologies, that is, it causes learning behaviors and paces that are normal in a child’s life to be eventually considered as disease symptoms (COLLARES and MOYSÉS, 1996; COUDRY, 1985, 2001, 2007, 2009, 2010; LIMA, 2005; MOYSÉS, 2001; MOYSÉS and COLLARES, 2007; PATTO, 1990; BORDIN, 2008, 2009, 2010 *apud* ANTONIO, 2011, p . 02).

The object of analysis by Antonio (2011) is dyslexia; however, his discussion also applies to observations on ADHD, since diagnoses of both diseases have been made, as previously mentioned, based on lists of the alleged symptoms that define them as pathological conditions or not. Such reality is based on the idea that teaching-learning is a common process to all individuals and that not meeting school expectations eventually imposes other categorizations such as the pathological classification.

It is in this context that medicalization arises as the plenitude of scientific objectivity, as “the” answer to school demands. According to Gaudenziand Ortega (2011), the term “medicalization” emerged in the late 1960s to refer to the “appropriation” of men’s lifestyles by medicine”. In this case, modern medicine presents itself as “a social practice that has transformed the individual body into workforce with the purpose to control society”, acting as a force over life, regulating the population, as taught by Foucault.

In the 18th century, medicine begins to play a fundamental role in controlling and managing the body, interfering with lifestyles as well as with individual and collective behaviors by defining rules that should guide modern life, not only as regards disease, but also as concerns the general forms of human behavior.

(FOUCAULT [1963]1977 *apud* GAUDENZI and ORTEGA, 2011, p. 251)

The pre-determination of the ADHD diagnosis acts as a form of management of children's and adults' bodies, without taking into account each individual's socio-historical context or his relationships with teaching and the school universe. This pathologization and medicalization process idealizes such children's and adults' undeterminable subjectivity and determines that they should achieve their "perfection" under the "protection" of Ritalin. According to Foucault ([1963]1977, p. 39), medicine is no longer only the corpus of healing techniques, but it also involves knowledge about the healthy man, the provision of advice for a balanced life, the ruling of an individual's physical and moral relationships and of the society in which he lives.

Who does this view interest?

Our aim is not, and it has not been from the beginning, to propose solutions to the increasing number of ADHD diagnoses or to increased Ritalin use. We intend to instigate a critical view of this alarming problem in our society: drug therapy for conduct "deviations". The discursive approach to the socio-historical context where this pathologization and medicalization process occurs can present new interpretations and new forms of resistance to such process which, according to Foucault, slowly

goes through, surrounds and penetrates them, gradually giving them only their own clarity. The permanence of truth in the shady core of things is paradoxically related to this paramount power of the empirical view that changes night into day. All the light has gone to the slender beam of the eye, which now turns around the volumes and states, in such trajectory, its place and its form. The rational discourse is less supported on the geometry of light than on the insistent, insurmountable thickness of the object: in its obscure presence, but which precedes all knowledge, are the origin, the dominance and the limit of experience. The view is passively related to such early passiveness that consecrates it to the endless task of fully going through such passiveness and dominating it.(FOUCAULT, [1963]1977, p. XII)

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