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The Constitution of the Subjectivity of the Child Diagnosed with Attention Deficit Hyperactivity Disorder / *A constituição da subjetividade na criança com diagnóstico de Transtorno de Déficit de Atenção e Hiperatividade*

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ABSTRACT
The aim of this article is to analyze subjective implications arising from the process of pathologization of education. Therefore, interviews were conducted with two children diagnosed with attention deficit/hyperactivity disorder, their parents and teachers, in addition to in-classroom observation, individual speech-language pathology assessment and documentary research. The results of the study indicate that the discourses, established around students considered resistant to what the school proposes, eventually compromise the shaping of his or her subjectivity, since they start to assimilate part of the perceptions of their interactional group. Based on Bakhtin's postulates that self-image is built in the midst of the other's gaze, it is concluded that the child may present signs of inattention and hyperactivity (and symptoms of suffering) depending on the quality of the social interactions in which he/she is engaged.
KEYWORDS: ADHD; Pathologization of education; Subjectivity; Learning

RESUMO
O objetivo deste trabalho é analisar implicações subjetivas decorrentes do processo de patologização da educação. Para tanto, foram realizadas entrevistas com duas crianças com diagnóstico de Transtorno de Déficit de Atenção/Hiperatividade, seus pais e professores, observação em sala de aula, avaliação fonoaudiológica individual e pesquisa documental. Os resultados do estudo apontam que os discursos que se instauram em torno do aluno considerado resistente ao que a escola propõe terminam por comprometer a formação da sua subjetividade, uma vez que ele passa a assimilar parte das percepções de seu grupo de convivência. Assumindo os postulados de Bakhtin, de que a autoimagem se constrói em meio ao olhar do outro, conclui-se que a criança pode apresentar sinais de desatenção e hiperatividade (e sintomas de sofrimento) a depender da qualidade das interações sociais em que está inserida.
PALAVRAS-CHAVE: TDAH; *Patologização da educação; Subjetividade; Aprendizagem*

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Introduction

The Attention Deficit and Hyperactivity Disorder (ADHD) is considered the most common neuropsychiatric childhood disorder (BARKLEY, 2014).[1] The symptoms of hyperactivity, impulsiveness and inattention stem from a genetic abnormality, which leads to a brain dysfunction in its anterior part, affecting 3 to 5% of the school population. The brain dysfunction is caused by insufficient production of neurotransmitters, such as dopamine and norepinephrine. Therefore, stimulants are prescribed to supply that lack, such as methylphenidate, and Brazil is the second largest consumer, following the United States.

However, some researchers have argued this understanding (SIGNOR; SANTANA, 2016; GERALDI, 2013; COLLARES, MOYSÉS; RIBEIRO, 2013), claiming that the problems reported by the teachers, that is, their complaint, would not arise from any students' brain dysfunction, but they would evolve from a range of factors, among them, affective, educational, cultural, interactional and political ones. Proceeding with that view, the signs that usually guide the diagnosis, such as "swings hands and feet"; "is at full blast"; "answers hastily"; "stands up unexpectedly", etc., are viewed as a social/contextual construction. In other words, probable signs manifested by the body and language are understood from broader interactional processes.

It is understood herein that the "disease" begins when, at school, the child is *labeled*: "restless," "inattentive," "unable to learn," "having difficulties," "unable to keep quiet," "constantly daydreaming," "bullying," among others. Thus, students undergo a process of stigmatization, when engaged in those interactions, which are grounded in disqualifying discourses, forcing them to accept the condition imposed upon them by their social environment.

Subsequently, those children are referred to healthcare centers, and the process of medicalization takes places (transforming healthy children into sick ones). After the school diagnosis is confirmed, the child carries on his/her attributed tag: "does not pay attention because he/she suffers from ADHD"; "loses things because he/she has ADHD"; "has interactional difficulties because he/she has ADHD"; "has difficulties in

[1] BARKLEY, R. *Attention-Deficit Hyperactivity Disorder*: A Handbook for Diagnosis and Treatment. 4th edition. New York: Guildford Publications, 2014.

learning because he/she has ADHD"; "does not copy from the board because he/she has ADHD" (SIGNOR, 2013). Once they are framed as ill, these children become patients. Therefore, they use medication (COLLARES; MOYSÉS; RIBEIRO 2013). The authors claim that "We are living in the *Era of the disorders*, in which the interests that ground the medicalization processes spread their tentacles. We are living in the *Era of biopower*, in which we are all *bioconsumers*" (COLLARES, MOYSÉS; RIBEIRO, 2013; emphasis in original).[2]

Based on such considerations, this study aims to analyze the subjective implications of the diagnostic ADHD *process*.

1 Method

A case study was developed, assuming that discourses about students may affect (favorably or unfavorably) their subjectivity and, consequently, their learning; qualitative, cross-sectional, field research, grounded in a sociohistorical and theoretical-methodological paradigm was conducted (VYGOTSKY, 1997;[3] VOLOŠINOV, 1986).[4] Two students (at the time of the data collection), named Susi and Miguel, were selected, at the ages of 10 and 12 years old from the fifth and sixth grades of a public school in Southern Brazil.

The research procedures were comprised of interviews with the children's mothers and with the children themselves, individual speech-language pathological screening, in-classroom observation of the children for one week, interviews with the teachers, documentary research (school assessments, diaries, notebooks, books, activity files – former and current ones), assessment of the literate condition of the class. Data were audio-recorded and were also obtained by means of a field diary.

[2] In the original: "Vivemos a *Era dos Trantornos*, tempo em que os interesses que alavancam os processos medicalizantes ampliam seus tentáculos. Vivemos a *Era do Biopoder*, em que todos somos *bioconsumidores*."
[3] VYGOTSKY, L. *Educational Psychology.* Translated by R. Silverman. Boca Raton, FL: St. Lucie Press, 1997.
[4] VOLOŠINOV, V. *Marxism and the Philosophy of Language*. Translated by Landislav Matejka and I. R. Titunik. Cambridge, MA: Harvard University Press, 1986.

This study was approved by the Ethics Board on Research of the Federal University of Santa Catarina – approval number: 94.405/12. All research participants signed the Free Informed Consent Form.

2 Introducing Susi and Miguel

Susi lives with her mother (a retired educator, 52 years old) at a middle-class condominium in Southern Brazil. Her father lives in another Brazilian state. The couple's divorce took place two years before this study, when Susi was 8 years old.

From 2 to 5 years of age, Susi attended a full-time public school. The girl also attended a full-time private school in the first and second grades of elementary school. Since the third grade until current days (fifth grade), she has attended a public school in the morning.

Susi underwent psychological assessment when she was five, as there were recurring complaints about her behavior at school, where she was constantly grounded. In order to exemplify what has been mentioned, we present an excerpt from a pedagogical opinion, showing how Susi was assessed:

> Extremely bright, understands everything going on around her, assimilating the goals and rules of the plays, as well as the class rules, which does not mean that she complies with them. Susi has been very resistant when she is contradicted, or when we speak to her or ask her something [...]
> She is considered the most talkative in class, as she speaks her mind; she repeats everything we say, and sometimes I get surprised, as she behaves like an adult, blaming others, commanding and demanding attitudes from her classmates. […] *Whenever we take her away from the class so that she thinks about what she has done***,** she replies that she will not do that again. That shows that she is aware of her actions really knows what she is doing.
> (01) [Excerpt from the pedagogical assessment when Susi was 2 years and 4 months of age]

In her mother's words, the complaints referred to the fact that: "Susi failed to do the assignments, didn't obey, imitated her teacher, argued with her friends…" At the age of six, the child was referred to psychiatric assessment. She was diagnosed with ADHD, pharmacological and educational-psychological therapy was recommended, and she was oriented to keep the psychological therapy, which she had been undergoing since she was 5 years old.

Regarding the educational process of reading and writing, according to Susi's mother, her daughter had literacy difficulties and could only learn to read and write in the third grade, as she had a good teacher. In that grade, her mother says, complaints about Susi stopped, once "she [the teacher] praised everything, valued their [the students'] production very much".

Regarding Miguel, he is a twelve-year-old boy. He is an adopted child and has a maternal half-brother, Ricardo, who is 10 years old. At the time of the study, the brothers had been adopted six years earlier – Miguel was 6 and Ricardo 4 years old. At the time of the adoption, Miguel and his brother were at a child shelter for a year, as they had been taken from their biological mother (BM) due to child abuse. During that year at the shelter, BM neither visited her children, nor expressed the desire to take their custody back.

According to their adoptive mother (Júlia), Miguel has memories from that time, but he does not refer to BM as his mother. He refers to her as "that woman." In the psychological report, provided by his mother, it was informed that Miguel changed his name after the adoption:

> Little Ricardo [his brother] was resistant at the beginning of the treatment, but he soon interacted, unlike Miguel, who showed interest in talking about his adoption and solving the situation from the very beginning, which was already solved for him: "I'm Miguel, I'm not Fernando anymore, and my mom and dad are Júlia and José Paulo, and that's it. I'm their son."
> (02) [Excerpt from the psychological report]

Júlia is 42 and José (adoptive father) is 55 years old. The family lives in a middle-class condominium in the same neighborhood as the children's school. It was not possible to gather information about their pre-school time, as Miguel had been under BM's custody at that time and at the shelter afterwards. The boy attended the first and second grades at a municipal public school, having had the same teacher in both grades. He went to the current school in the third grade, which he attends in the afternoon shift. Miguel had the medical ADHD diagnosis when he was seven years old, a year after he had been adopted. According to Júlia, Miguel was viewed as *a normal child* in the shelter, but "as soon as he started attending school [at 6 years and 9 months old], he was diagnosed as having something." Below, an excerpt from the pedagogical assessment, as follows:

> Regarding writing, he recognizes some letters in his name, and in some meaningful names, such as his parents and brother. He likes to report facts from his daily family life. He has some difficulty waiting for his turn to speak. He is interested in games and plays. He likes to play in the park.
> Difficulty to sit still for very long. He gets distracted and forgets assignments and commitments easily.
> In his spontaneous writing, he adds letters without any meaningful sounds, not identifying any syllables. He has shown interest and contact with the alphabet cards.
> He has little difficulty in solving mental calculations, as well as recognizing numbers. He tries to avoid activities with them.
> (03) [First grade – 2nd quarter of 2007, at seven years old]

His mother reported that she often had complaints about her son: "they used to call me all the time and said that 'Miguel had quarreled at school, Miguel wouldn't settle down'...," which she did not take seriously because "they're very lively in the first grade." Therefore, his mother decided to make him undergo flower essence therapy, but school complaints persisted, and she finally took him to a neurologist. However, the complaints persisted at the current school, as "even medicated, I [his mother] was often called there too." Miguel attends individual and family psychological follow-up and takes medication to *control his symptoms.*

It is worth mentioning that Susi and Miguel had difficulty through their process of literacy, without any specific disorders (intellectual impairment, autism, neurological disorder, etc.) to justify such difficulties. During the speech-language pathological assessment, throughout the research, the children did not feature any difficulties in reading and writing, or even any hyperactive behavior. However, it was perceived that those students were going through a process of school exclusion, that is, during the time of the study, Susi as well as Miguel were *labeled* and excluded from their interactional group. Both were considered "agitated" by their teachers.

Subsequently, the process of pathologization and how it affects child subjectivity, which may bring about implications to shape their self-image, socialization and learning will be discussed; those damages go beyond school and hinder children's quality of life.

3 “I’m restless”: Subjective Implications of the Diagnostic *Process*

One of the procedures in the field research is to observe and propose a class activity. All children in the class were informed that they would have a speech-language therapist observing how students learned. In addition, some children were selected/sorted out so that their learning would be individually assessed.

During the observation period, in the class attended by Susi, the children were told that they would describe themselves or one of their classmates: “I’m like this...; I have a classmate who’s like that…” Children were told that they would play, their names should be written at the bottom of the sheet of paper, and this should be folded and not shown to the researcher, who would try to guess the identity of the described students.

The “play” aimed to analyze probable personal representations, as well as their peers’. Susi described herself as: “restless, rejected, happy.” Another day, during an individual interview with Susi, and considering her verbalized description (“restless”), at a proper time, the researcher asked:

> *Researcher*. Why do you think you’re restless? Do you think you are?
> *Susi*. Yes ... because everybody says so [laughs]…because I don’t settle down at home… I’m fidgeting all the time… fidgeting all the time… “mom…” mom...” “mom” ... I don’t stop talking... don’t stop talking... don’t stop talking… don’t stop talking… got it? Because I have difficulty paying attention to the others… I daydream…
> *Researcher*. Do you daydream? Do you think so, Susi? Why do you think you daydream?
> *Susi*. Well... because I don’t pay attention to anything... I mean, I even pay attention… it’s just… I try…
> (04) [Interview with Susi]

In this episode, the other’s word is brought to Susi’s discourse, self-representing her: in the other’s word, only in that light is it possible to build any discourses about oneself” (BAKHTIN, 1984)[5], which can be observed in her answer to the question whether she considers herself restless: “everybody says so.”

[5] BAKHTIN, M. Toward a reworking of Dostoevsky Book. *In*: BAKHTIN, M. *Problems of Dostoevsky’s Poetics.* Translated by Caryl Emerson. Minneapolis, MN: University of Minnesota Press, 1984. pp.283-302.

In addition, to "join" her class view, it seems that Susi has to justify herself. She only started fidgeting on her chair when she was asked about her restlessness: "I'm fidgeting all the time…fidgeting all the time…" Similarly, when she referred to herself as talkative ("the most talkative in class" as she was depicted in early school years), following the former one ("restless"), the girl repeated "don't stop talking four times," repeating recurring discourses, pointing to the social fact of shaping self-awareness: *if everybody says I am, then I am…*

However, in her case, the dialogical tension (what I think about me borders with what others think about me), unveils the girl's uniqueness, who seems to resist, at least in part, to the voices around her. In many situations, Susi only *reproduces* the discourse of the other as if she had not completely embodied it. That is illustrated when she says that she "daydreams"; "she doesn't pay attention to anything." That condition reveals a contradiction experienced by Susi, once she knows that she does not daydream, and she definitely pays attention: "I even pay attention…" Susi evinces internalized discourses that hover around her and go through her view of the self, but those are not crystalized yet, as she is a thinking subject, which makes it difficult for her to submit herself in order to reach her completeness, her normality. It is that uniqueness that marks her difference. We observe that those voices are also present in her mother's discourse:

> *Mother*. I think she is restless, she is considered restless because she talks… She is very talkative...
> *Researcher*. Does she think she is restless?
> *Mother*. Yes, she does... She thinks so because she hears that she's restless... she hears a lot "stop...," "stop Susi...," "stop Susi..." because it's been like that her whole life... in pre-school, the teacher would complain about her… [...] she ended up accepting that behavior, I figure... [...]
> *Researcher*. OK... that issue of restlessness has only to do with her being talkative? Or are there other issues?
> *Mother*. Yes… has to do with that... and also she really overreacts… she keeps insisting on some things… "no, Susi, we've already talked about that, Susi, we've already decided that"… then she turns back to the subject… she turns back to the subject… she keeps insisting… mainly when she is contradicted…
> (05) [Interview with her mother]

Therefore, Susi is undeniably talkative or insistent, even repetitive, as her mother stated, but what is being argued is whether those traces are symptoms of a pathological condition. Some people are more talkative, others are quieter; some are more argumentative, others are not. Can being "more" of something, or "less" of it, be

considered a symptom? Susi's parents resisted to the school pre-diagnosis/ pathologization, and subsequently to the medical diagnosis/medicalization, as we can observe in this note written by her father in Susi's school appointment book.

> Your comment on Susi's development partly matches our daily observations. We also consider that such behavior is similar to other children at her age. Our challenge, while parents, has been to come up with activities, attitudes and limits, which work out such behavioral resistances. We count on your attention and cooperation, aiming at meaningful learning, shaping and development of our daughter's potentialities.
> (06)[Father's message to school, replying to a pedagogical assessment. Susi was 5 years old]

However, after the initial resistance, eventually her parents are convinced that their child has problems (MOYSÉS; COLLARES, 2011). Susi's mother gradually believed that her daughter suffered from ADHD and needed medication, but she cannot report any consistent signs that her daughter suffers from any neuropsychiatric disorder. Every sign unfolds unique traits: "talks a lot," "repeats a lot," "insists a lot." Her mother's discourse evinces how school was partly responsible for the change in her view: "it's been like that all the time... in pre-school, her teacher complained about her… she ended up assimilating that behavior." As noticed below, it is a behavior that underlies Susi's utterance:

> *Susi*. [..] because I watch soap operas... then there are the songs by the Rebeldes... but I also enjoy listening, with her [her mother], to some songs she enjoys, like Zeca Pagodinho, I also like him… I also listen to Exalta Samba, but I only enjoy one of their songs, ah, two of them ... That moon [song title] and [I could not understand it]... I like to watch cartoons...
> *Researcher*. Which cartoon do you like?
> *Susi*. I like Sítio do Picapau Amarelo... I like... I don't have lice, I have a wound, got it? [scratching her head]... makes my head itch... I know you're looking at it...
> *Researcher*. Scratch it... scratch it… no, I didn't even notice that you were scratching your head… [..]
> *Susi*. So... what was I talking about? See how distracted I am?
> (07) [Interview with Susi]

Whenever Susi interacts, she seems to have to evince her "problem" to justify her actions. In the excerpt above, the girl talks to the researcher about the things she likes to do every day, but the conversation diverts: "I like to… I don't have lice..." This is something common to any conversations – the change in the subject due to another subject brought to the context. However, returning to the former subject, Susi asks what

she was talking about, and by realizing she forgot it, she replies: "See how distracted I am?" It is natural that, in the flow of a discourse, one subject leads to another, then a subject is put aside, and it goes back to it later, but this is viewed by Susi as a "disorder." That "distraction" to which the girl refers is natural to conversations, but why does she take it as a disorder? Moreover, why does she have to stress that fact? To whom is Susi answering? It is possible to perceive that individual aspects, taken as problems/disorders at school, contributed to the girl, at least in part, to adopt that discourse. Thus, normality has been transformed into pathology.

Regarding Miguel, similarly to Susi, the voices around him echo in his discourse. "I can't" pervades his learning, as follows:

> *Researcher*. And why do you take it? [medication]
> *Miguel*. Because I can't focus on the class...
> *Researcher*. Why can't you focus on the class?
> *Miguel*. Well. When I don't take the medication.
> *Researcher*. When you don't take medication. Can you focus, when you take it?
> *Miguel*. Sometimes. I mostly can't.
> *Researcher*. Can't you focus most of the time?
> *Miguel*. Yeah. Most of the time.
> *Researcher*. Why do you think so?
> *Miguel*. I don't know. Because I have attention deficit?
> *Researcher*. Do you think so?
> *Miguel*. My mom said.
> *Researcher*. Who else told you that?
> *Miguel*. The doctor.
> (08) [Interview with Miguel]

"I can't focus on the class" – Is it his perception or has it been assimilated along his learning process? It is something that refers to the discourse of his teacher in the first/second grades: "He is reminded to focus more" (according to the pedagogical assessment given to his mother). Similarly to Susi, Miguel was warned that he could not focus, and now he *repeats* the assimilated discourse. Thus, one can understand why Miguel revealed that he could not focus when he had not taken the medication, reasoning that the medication could "enhance" his ability to focus. However, Miguel answers the question with another: "Is that because I have attention deficit?" The child is confused. Since he started school, he has heard that he has difficulties to focus. He went to the doctor and "discovered" that the attention deficit was the reason for his difficulties; therefore, he had to take medication, but the voices (I vs. the others) echo:

"my mother said," "the doctor said." Repeating what the others said, Miguel refuses to claim "I have." In such a web of discourses (his mother's, the doctor's and the teacher's), Miguel tries to find the "truth" about himself and his symptoms.

> *Researcher*. And how do you feel when you take that medication?
> *Miguel*. Better. And bad at the same time.
> *Researcher*. How is that?
> *Miguel*. Bad, because I don't like taking the medication.
> *Researcher*. Why?
> *Miguel*. Because I feel different from the others.
> *Researcher*. You feel different because you take medication. And do you think you're different?
> *Miguel*. Yes.
> *Researcher*. Why?
> *Miguel*. I don't know. Because nobody takes medication in my class..[..]
> *Researcher*. What time do you take it?
> *Miguel*. In the morning. [..] And I take it at night, too.
> *Researcher*. At night?
> *Miguel*. Risperidone.
> *Researcher*. What do you feel?
> *Miguel*. Sleepy. I get rather dizzy... [..]
> *Researcher*. Why? [thinks he is restless]
> *Miguel*. Because I take medication... [..]
> *Researcher*. And what is restless for you?
> *Miguel*. Restless is when you don't stop even for a second.
> (09) [Interview with Miguel]

In the excerpt, the condition imposed on Miguel is highlighted. He says that he feels different not due to a pathological condition, his inner restlessness, but "because nobody takes any medication" in his class. In his discourse, the prevalent voice is the socially imposed condition on him, not his inner situation. Thus, the child assimilated the imposed condition. Miguel says that the medication makes him feel *better* and bad at the same time. When he says that he feels *better*, it evinces the socially established notion that medication is to cure/treat/recover from symptoms of diseases. However, from his discourse, it is possible to apprehend the contradiction, as no positive aspects are mentioned in the use of the medication. The child's discourse, as well as his mother's, unveils the damages caused: "I feel different from the others"; "sleepy," "rather dizzy." His mother also reassures the idea that his son feels different; moreover, she reported that he developed some nervous twitches due to the stimulating medication.

By mentioning that he feels *bad*, the boy expresses the feeling that evolves from being medicated. Santos (2006) states that we have the right to equality when difference

makes us inferior and we have the right to the difference when equality disqualifies us. Thus, Miguel's "difference" diminishes him, as he "needs" the medication in order not to be himself. The medication is an attempt to promote equality, but it stigmatizes the child even more, increasing his rejection in his interactional group. By "accepting" the attempts to impose "normality," inequality is promoted, since his classmates are not medicated: "nobody takes medication in my class." Finally, Miguel defines restless as "not resting for even a second." Curiously, he was sitting calmly for a long time, talking to the researcher.

Subsequently, still trying to go deeper into the pathologizing effects over Miguel, the researcher asks him about the people who said that he was restless:

Miguel. Everybody.
Researcher. Everybody?
Miguel. Everybody but one...
Researcher. But who?
Miguel. Fernando. [..]
Researcher. Everybody but Fernando...
Miguel. Sometimes he says so...
Researcher. Why does he sometimes say so?
Miguel. Because he notices that I'm restless.
Researcher. What does he say?
Miguel. "Hey, Miguel, you're restless today, try to settle down..."
Researcher. And are you really restless?
Miguel. I think so.
(10) [Interview with Miguel]

The negative discourse by "everybody" is observed to enhance the pathologizing process. Miguel says that everybody but one person considers him restless. However, as observed, sometimes his classmate says "Hey, Miguel, you're restless today, try to settle down," which contributes to his "surrendering" to his class view about him. Actually, children who experience the pathologization hold strong emotions, as they have to deal with very stressful situations. They are excluded from relationships, are viewed and treated as "abnormal" beings. They are medicated, labeled, controlled, and, obviously, such interactions change some of their actions, which, therefore, strengthens the already ingrained notion that those children suffer from a pathology. Thus, those children do not

have ADHD symptoms; they have active responsive reactions (VOLOŠINOV, 1986)[6] to the environment in which they live. It seems that, in the context of those pathologized children, the interactions are homogeneous. Few people, who interact with them, firmly resist to the "official," "framed" voices. Collares (1994, p.181), interviewing education and health care professionals, states that their discourse agrees with what was ideologically built: "Freezing consensus that legitimates the maintenance of social structures. Consensus grounded in preconceptions, against all the theoretical landmarks. Against all the evidence placed by life itself."[7]

Vygotsky (1969)[8] understands voluntary behavior as an "action" overlapping mental and affective processes. Behavior is the result of the subject's interaction with the environment; such an interaction generates intentions, motivations, likes, dislikes, etc. To understand that cognition evolves from interaction means to comprehend that the psychic processes are organized and re-organized within intersubjectivity. It is in the relation to, and by means of the view of the other that the child becomes balanced or not, restless or not, attentive or not (SIGNOR; SANTANA, 2016).

Moreover, according to Bakhtin (1984),[9] social interaction, mediated by language, is shaped by the speaker's conception of his/her listener. When you say something, Sobral (2007, p.24; italics added by the author) claims, "the subject always says it *in a certain way, addressing* someone, and that subject's being interferes in the way to say it, even in the choice of lexical items."[10] Being labeled as "restless" and "inattentive" may favor an anticipation from the other, who may use expressions ("pay attention"; "don't get restless"; "are you restless?"; "calm down") that trigger the signs that they want to prevent in the child. Bezerra (2008, p.XXII) states that "the dialogue is not a way, but an end, once the inner man can only be represented by his communication with other men. Only by means of communication, a man-to-man interaction, 'the man within the man' is unveiled, whether to themselves or to the

[6] For reference, see footnote 4.
[7] In the original: "Consenso que, imobilizante, legitima a manutenção das estruturas sociais. Um consenso alicerçado sobre preconceitos, contra todos os referenciais teóricos. Contra todas as evidências colocadas pela própria vida."
[8] VYGOTSKY, L. *Mind in Society*: The Development of Higher Psychological Processes. Cambridge, MA: Harvard University Press, 1969.
[9] For reference, see footnote 5.
[10] In the original: "o sujeito sempre diz de uma dada maneira dirigindo-se a alguém, e o ser desse alguém interfere na própria maneira de dizer, na escolha dos próprios itens lexicais."

others."[11] If the subject is revealed in the interaction, then it is natural that the socially imposed condition ("restless") breaks a child's subjectivity, brings "signs" and *many conflicts.* In the excerpt that answers the question "and are you really restless?" he answers: I *think* so. He relieves the situation, as if he confirmed and, concomitantly, denied the pathology imposed on him.

Thus, being "restless" may mean two situations. 1) Sometimes, the child expresses his/her emotions, that is, responds to the interactions in an undesirable way because he/she is affected by them and 2) Daily actions are analyzed in a biased way, because the views of the social context also suffer the process of pathologization. Maybe his classmate would not tell another child, who had the same action as Miguel, "you're restless, try to calm down." The problem is the stigmatized impressions that the pathologized child constantly receives from the other, once this may deeply affect him/her, and may generate the expression of emotions. It is a chain process, which reinforces the diagnosis.

For the Depathologization and Demedicalization of Childhood

Although the depicted stories are from a case study, they highlight a greater reality, which means that a significant part of the experiences represented herein entails a collective dimension. Among those experiences, there are the ones related to the educational actions, practices and discourses hovering around the students considered "resistant" to the school proposals. When child actions are misunderstood, they may trigger a process of *unfavorable discourses* to students' development. Therefore, by means of an assimilating mechanism of the stigmatized discourses, the *subjectivity, learning and socialization* of those students, undergoing that process, are hindered.

Regarding the socialization, some pedagogical measures – such as the usual withdrawal from their class – tend to prevent the establishment of affective relations between these excluded students and their classmates, fostering the beginning of their difficulties in raising and keeping friendly ties. The so-called "problem" students and

[11] In the original: "o diálogo não é um meio, mas um fim, pois não se pode representar o homem interior senão pela representação de sua comunicação com outros homens. Somente na comunicação, na interação do homem com o homem, revela-se 'o homem no homem', seja para si mesmo, seja para os outros."

their classmates experience exclusion. Thus, in this assimilating process of a given condition, *all of them* learn that the "resistant" are "misfits"; therefore, they cannot be part of the group. In this regard, Vygotsky (1997)[12] explains that the rule to reverse the problem of anti-social behavior in a child is the opposite from that applied to the other law offenders, where the penalty is their exclusion from their social environment. "There, we have an extraordinarily slight concern with the character of the offender himself, and all our concern is directed towards rendering him harmless and safeguarding the environment from his influence" (VYGOTSKY, 1997, p.231).[13] There is a distinct rule at school, which is the closer social contact. In this point of view, the social exclusion does not stem from the ADHD symptom, as the organicist researchers claim, but it primarily stems from issues set by school actions.

Still regarding educational actions, it is necessary to discuss the so-called "anti-social" behaviors. When the school recognizes an anti-social behavior, for example, *a child with an authoritarian leadership, who fights and commands even the teachers* (school discourse about Susi), or *has difficulties in waiting for his/her turn to speak* (school discourse about Miguel), it may, by means of the dialogue, teach him/her to deal with his/her wishes, to share opinions, to listen to the other. It is only by this mediated social relationship that children have the chance to learn those interactional rules. By pointing students' mistakes, excluding them from relating to their interactional group, referring them to health care professionals, among other interventions, pursuing "normalization," the school transforms an individual trait into an offense. By doing that, students get aware of attitudes that could be prevented, making them assimilate undesirable behaviors.

In this sense, we return to excerpt (03), when Miguel was attending first grade. His teacher's assessment was visibly an ADHD diagnosis: "difficulty waiting for his turn to speak" (IMPULSIVE); "difficulty sitting still" (HYPERACTIVE); "gets distracted and easily forgets his assignments" (INATTENTIVE). Such considerations, in addition to the complaint of fights with his other classmates, led to the referral for a doctor's office and the prescription of controlled medication.

[12] For reference, see footnote 3.
[13] For reference, see footnote 3.

In Miguel's case, there is still an important consideration to be made. This boy had been victim of child abuse by his biological mother from his birth until he was five years old. This child was expected to have emotional issues. He had been adopted some months earlier, was still getting adapted to his new parents and his new school. He even changed his name, as mentioned before; that is, Miguel was still evolving from Fernando, who he had been; somewhat, he was born again but, concomitantly, he had to live with his past memories.

Camargo (2004) says that emotion pervades the cognitive functions and is expressed by them. "Functions such as language, memory, perception and attention are pervaded by emotions, even if, sometimes, they are veiled and hard to recognize" (CAMARGO, 2004, p.112).[14] The author agrees with Vygotsky (2004),[15] who claims that the affective and cognitive dimensions of the human *psyche* are overlapped. Thus, children assimilate, within their relationships, "affective and moral meanings which build their psyche and identity configuration" (CAMARGO, 2004, p.112).[16] At first, Camargo points out, emotions rule over behavior; however, with language acquisition, this process changes and a complex relation between emotion and upper mental functions is established. Nevertheless, under certain conditions, emotion may trigger a process which results in a setback to formerly overcome behaviors. In other words, as emotion is closely related to the cognitive functions, it may alter their natural functioning.

Miguel's fate could certainly have been different if his teacher, instead of highlighting that "he had difficulties waiting for his turn to speak," for example, had managed the situation by means of the mediation – gradually making him realize that there is a moment to speak and a moment to listen to. Additionally, the boy's fate could have been another if the teacher had realized that children's "distraction" and "relentlessness" can be overcome by means of meaningful learning activities.

[14] In the original: "Funções como linguagem, memória, percepção e atenção estão carregadas de emoções, mesmo que, às vezes, veladas e de difícil reconhecimento."
[15] VYGOTSKY, L. The Teaching about Emotions: Historical-Psychological Studies. In: RIEBER, R (ed.). *The Collected Works of L. S. Vygotsky*: Vol. 6: Scientific Legacy. Translated by Mary J. Hall. New York: Plenum, 1999. pp. 71–235.
[16] In the original: "significados afetivos e morais que vão construindo sua configuração psíquica e sua identidade."

In the excerpt, there is also a learning reference that the student "adds letters without meaningful sounds"; "can't form syllables"; "has difficulty in recognizing numbers" and, as expected, one more condition is attributed to the child: has learning difficulties. Miguel was still in the second quarter of the first grade, so why pointing, so early, what he could *not* do? The school could, in student's assessments, have shown what the child could do, not what he could not yet. For example, instead of pointing that he "adds letters without any meaningful sounds," they could have stated that "he recognizes and uses several letters of the alphabet, mainly the letters from his name, a natural fact in the process of literacy." Reporting what students can do and acknowledging any small achievements can be a relevant attitude for their learning at school, making them aware of their potentialities and achievements. Additionally, it would have contributed to generating affective ties between teacher and student.

Susi, in turn, showed resistance to the imposed rule in the school setting, unveiling a trait of her uniqueness. In both cases, the social construction of the ADHD was explained, that is, the featured "symptoms" occurred due to a process of pathologization, not the representation of signs from a pathological condition. Therefore, according to this point of view, the discourse of the other as restless, hyperactive, inattentive, among other classifications, may affect a child's self-image and bring about symptoms. The problem is aggravated when the labels developed at school are corroborated by health care professionals.

ADHD diagnosis, for example, leads to the following question: what kind of adult will this child, silenced by those initials, come to be? (UNTOIGLICH, 2013, p.130). According to the author, such children would not expect anything from themselves, and their subjectivity would be set by the diagnosis. It does not have to do with relieving childhood problems, but it is the pursue to understand the complexity of the involved factors when there is the manifestation of the so-called "biased" behaviors, without the necessity of an impairing label.

Therefore, it is necessary to socialize knowledge (in education courses and ongoing education courses) regarding the issue of the diversity in school settings, as well as the construction of the needed sense of *Inclusion* in order to foster improvements in the field of education. Inclusive Education, as explained by Rodrigues (2006, p.13), "constitutes the promotion of the formulation of new grounds to education,

which reject exclusion and promote diversity and quality education to all students."[17] There is still the need to work, during teachers' education, the notion of language as a constituting activity (FRANCHI, 2011, p.38), by encouraging dialogues, so that teachers think about the meaning of their words, their view, their actions towards the students. In addition, they should think about the extent to which positive words, views and actions resonate in a favorable way to students' education. Conversely, the extent to which negative words, views and actions may promote suffering and resistance to what is proposed by the school, due to subjects' intrinsic responsiveness.

Thus, by means of the educators' empowerment, we will be able to free ourselves from medicalized processes and build a school which contemplates all students. In this educational model, there would not be a place for the "inattentive," "dyslexic," "disabled," "restless." There would only be "learners," no other labels.

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[17] In the original: "constitui a promoção da formulação da educação em novas bases que rejeitem a exclusão e promovam uma educação diversa e de qualidade para todos os alunos."

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Rita Signor and Ana Paula Santana declare that: i) they had access to the *corpus* of the research; ii) they actively participated in the result discussion, and iii) carried out the revision and final approval of the version.

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