

Childhood and education: between medicalization and subjectivation processes in school

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Abstract: In this study we assessed the thematic of child's pathological process and we indicated a perspective view in which one has a series of possibilities of exercising the difference. If for some researchers this is a one-way street due to the advancement and evolution of scientific advances in Psychiatry, for others it is seen as the radicalization of the social control policy function through a process of standardization and straightening of differences. It is well known that problems of medicalization in Education has got strength in previous years. It directly involves disciplinary issues, in both sense of learning and «childish behavior». Among several factors explored in this study, we discussed the impact of the homogenization of the understanding of what learning is and the forms regarded as adequate for children behavior. In summary, this article aims (1) to problematize the «pathologization» of the education and of the child based on Michel Foucault's analysis of the psychiatric power (and its implications for thinking about human development), (2) to point a perspective in which the childhood acquires other possibilities of exercising the difference based on Gilles Deleuze's philosophy, (3) and to indicate some clues for thinking a non-medicalized education (or a pedagogy around the subjectivities).

Keywords: Michel Foucault; medicalization of education; power; disciplinary problems.

Recibido / Received: 21/12/2016

Aceptado / Accepted: 23/09/2017

Dani es un niño que no sabe andar en bicicleta. Todos los demás niños de su barrio ya andan en bicicleta; los de su «cole» ya andan en bicicleta; los de su edad ya andan en bicicleta. Han llamado a un psicólogo para que estudie su caso. Ha hecho una exploración, le ha pasado unas pruebas (coordinación motriz, fuerza, equilibrio y muchas más; ha hablado con los padres, con los profesores, con los vecinos, con los compañeros de clase) y ha llegado a

una conclusión: ese niño tiene un problema, tiene dificultades para andar en bicicleta. Dani es «disbiciclético». Ahora ya podemos estar todos tranquilos, ya tenemos un diagnóstico. A partir de ese momento todo tiene explicación: el niño no anda en bicicleta porque es disbiciclético y es disbiciclético porque no anda en bicicleta. Es un círculo vicioso tranquilizador (Ruiz, 2005, p. 73).

1. Introduction

The problems of medicalization have achieved prominence in academia, social movements, and in Brazil's media in recent years. If for some this is a one-way street due to the advancement and evolution of scientific advances of Psychiatry (a response to a real need of the population), for others it is seen as the radicalization of a social control policy function through a process of standardization and straightening of differences.

In Education, this perspective has fairly gained strength, because the process that turns issues of social, political and cultural order into medical issues – and individual ones – directly reaches the disciplinary problems, both in the sense of learning, but also in the sense of «childish behavior» through a homogenization of the understanding of what learning is, and the forms regarded as adequate for children behaviour.

Behind the emergence of the not learning and not behaving illnesses, there is, to a large extent of the times, a reduction of educational problems to a supposed pathology of the individual. Learning difficulties are frequently treated as disorders and nuisance not only by doctors but by teachers, parents, neighbors, friends and even by the children themselves. Nowadays anyone thinks they are capable of diagnosing others. It is enough having a list of symptoms and grouping them with its respective label. This has become a relatively easy task in the current information society, due to the proliferation of sites and blogs of associations and institutions that try to legitimize these perspectives in more efficient manners, with scientific justification.

Dani's story, mentioned in the title of this text, helps us to understand a little this process. Classified as «disbicycletic», the diagnosis does not take into consideration important facts related to social issues and social life. It is often given in a way that legitimizes the pathologization of these aspects, justifying a lack of social and cultural order that define the diagnostic picture. In short, a whole range of factors involved in the act of bike riding are disregarded, and the child not being able to ride a bike is justified by the simple fact of the child not knowing how to ride a bike. That is a tautology in the service of a vicious circle that is reassuring to families and to education and health professionals, but that may generate effects in the development processes of children.

From the point of view of social practices that create the conditions we call smoothing of differences around a standardization process of defined patterns, defining their own practices, we have a wide field of Developmental Psychology that produces the conditions of legitimacy, since it bases on a chronological time to investigate the lives of children and to guide the educational practices in various

realms. In this context, the following text aims: (1) to problematize the pathologization of the education and of the child based on Michel Foucault's analysis of the psychiatric power (and its implications for thinking about human development); (2) to point a perspective in which the childhood acquires other possibilities of exercising the difference, based on Gilles Deleuze's philosophy; (3) and to indicate some clues for thinking a non-medicalized education (or a pedagogy around the subjectivities).

2. Psychiatrization of childhood and the spread of psychiatric Power

In modernity, one of the spaces and one of the statues of legitimation of the model of *identities* are present Psychology speech and, more specifically, of Developmental Psychology and Education. The organization of scientific and technical knowledge affirms what and how to think about childhood, commits and gives directions, within a formative model that regards education as an already given, right and already planned place. However, it is a fact that the psychological discourse by itself would not be enough to define the molds of a given culture, although the convergence of other speeches comprises a field of actions and beliefs that define our way of looking, thinking and feeling life.

Michel Foucault dedicated several works to the analysis of madness and mental illness. On «Mental illness and psychology», the author criticized psychology, emphasizing its limits as a science, for believing being capable of enabling man to know himself, and for having the conception of mental disease as a deviation from health and from the norm. In «A history of insanity in the Age of Reason» Foucault examines different forms of perception of madness from the Renaissance period. He points out that the experience of madness as something natural has not always existed in human history.

When investigating the psychiatric practice the philosopher found that the psychiatric power had spread beyond the walls of psychiatric hospitals, mainly from the childhood psychiatrization in the 19th century. His hypothesis is that this generalization should be understood from the:

hospital-school [pairs], or the health institution – learning system in which the principle of diffusion of this psychiatric power must be sought –. And I would like to put in an epigraph these brief and glittering phrases that Canguilhem enjoys. He wrote that normal is the term by which the 19th century will designate the school prototype and the state of organic health. It seems to me that the diffusion of psychiatric power happened there, after all, besides this elaboration of the concept of «normal» (Foucault, 2006, p. 256; our translation).

Childhood psychiatrization did not pass through the discovery of the mad child¹, or the conception of childhood as a place of origin of mental illness, but through the «imbecile child, the idiot child, who will soon be called retarded, that is, a child who

¹ From Charcot, in result of his studies on hysteria in the decade of 1880, by the approach of private consultation and not asylum.

was carefully not specifically called mad since the beginning, from the first thirty years of the 19th century» (Foucault, 2006, p. 256; our translation).

In order to understand this psychiatrization of the child designated as non-mad, the author holds onto two seemingly divergent processes: (1) from a theoretical perspective on the notion of imbecility or idiocy as a distinct phenomenon of madness² and (2) from an institutionalization of idiocy in the psychiatric space. Let us start from the first one.

There were no distinctions for what was called imbecility, stupidity, idiocy and madness in general, until the 18th century. Those were considered categories within the madness field. There was madness in the form of «wrath», of temporary excitement, madness in the form of «more», and madness in the form of «less», discouragement, inertia, and non-agitation – the latter called insanity, imbecility, stupidity –.

Or else imbecility and stupidity were defined as a particular form in a series where one could find mania, melancholia, and dementia. At most, one can [identify] a certain number of indications, according to which idiocy would have been an absolutely similar disease in its content, but only to be produced from a certain age (Foucault, 2006, p. 258; our translation).

Idiocy, imbecility, and dementia were, therefore, associated with a particular kind of frenzy that would have come to such an acute, extreme point, that it would be annulled as a delirium insofar it was posited. Idiocy was seen as an error of delirium so widespread that it would be impossible to conceive any idea. Idiocy was seen (also in the 18th century) as a state of «stupor or abolition of intellectual and affective functions». Those would be the people who had their faculties subtracted and that would differ from the man as a social and thinking being, reduced to a mindless existence, as it says in Jacquelin Dubuisson (psychiatrist, contemporary with Pinel). Idiocy would be the total absolute form of madness: the vertigo of madness despite its absence of symptoms.

In the first 40 years of the 19th century (from Esquirol to Seguin) there were two great moments in the theoretical elaboration of the notion of idiocy: the Esquirol texts of 1817, 1818, 1820, and the book of Belhomme. For Esquirol, idiocy is seen as a state (not a disease) in which the intellectual faculties are not expressed – or at least not sufficiently –. Belhomme retakes this definition, confirming it as a constitutional state in which the intellectual functions were never developed.

Those moments are important because for the first time they bring the idea of development, and the absence of it, as the distinction criterion between what is of the order of insanity and idiocy. The idiocy is then defined in relation to the development, and no longer in relation to truth/error, or to the ability of self-domination, or even to the intensity of delirium.

For both authors, development is conceived as something one has or has not. A binary and simplistic perspective that made possible the demarcation of a dividing

² Foucault dwells on medical texts, observations and nosography treaties for such analysis.

line that defines the characteristics of a disease and of a non-disease (from the order of an infirmity or monstrosity).

In the 1840s «Moral treatment of idiots» Seguin³ places concepts that will base psychology and psychopathology of mental retardation, which will be developed in the 19th century. For him, the idiots feature an interruption (not an absence) of physiological and psychological development, while the retarded children would develop more slowly than others of their age.

Such definitions about the idiotic and retarded child bring with themselves at least five concepts that would influence the practice of psychiatrization of the child:

1. The notion of development as a temporal dimension; for Seguin,

development is a process that affects the organic and psychological life, a dimension throughout which neurological or psychological organizations, roles, behaviors, acquisitions are distributed. It is a temporal dimension, and no longer some sort of faculty or feature we are endowed with. (Foucault, 2006, p. 263; our translation).

2. The development as a temporal dimension that is common to all people

but it is common, more as a sort of optimum, as a chronological succession rule with an ideal goal. Development is, therefore, a kind of norm against which we are, far more than a virtuality that we would possess in ourselves (Foucault, 2006, p. 263).

3. The fact that this development norm has two variables: the stage and the speed. One can stop at this or that stage, or cover this dimension at one or another speed. Two pathologies: the pathology of the blocking in a certain stage and the pathology of slowness.

4. The sketch of a dual normativity. The blockade variable (amplitude of idiocy) is measured in relation to an adult normativity (real and ideal point for the development's end), and the variable of slowness is measured in relation to other children: the adult as the terminal stage and the children as a basis for the measurement of development speed.

5. The fact that idiocy and mental retardation can not be defined as diseases. For Seguin, both the dumb and the mentally retarded are located in a lower level of the norm (of childhood development), but still in it (not out of the norm). The idiot is more or less immersed within the normal childhood. Childhood as a more or less quick way to cross the degrees of idiotism, debility or mental retardation. Idiocy, debility or mental retardation are «temporal varieties, stage varieties within the normative development of the child» (Foucault, 2006, p. 265). Someone who is to some degree immersed within the child's temporality. Hence education is set as the primary therapeutic treatment of idiocy: pedagogy as therapy.

6. The stoppages and/or slowdowns in the development process will not anymore be seen under the light of the disease; however, they sanction phenomena that the

³ Moral treatment of idiots.

child is not able. An idiotic or retarded child is not a sick child, but an abnormal child because it is assumed that in the childhood there are organizations, states or behaviors that are not properly unhealthy, but deviant in relation to two normativities: the other children's and the adults'. This anomaly releases what will be called the positive point of instinct. What symptoms are in relation to the disease, they are in relation to the anomaly – natural and anarchic elements –. The confiscation of the anomaly by medicine (the psychiatrization of anomaly) is precisely what Foucault considers as the diffusion principle of the psychiatric power.

The second process that the author points out in order to understand the psychiatrization of the children called non-mad will be the institutionalization of idiocy in the mental space, regardless of the theoretical elaboration that tries to unlink it from the mental illness.

It happens that when such theoretical elaboration was developed, there was an attempt to separate these children from the educational institutions (deaf-and-dumb institutions), and little by little these children were again incorporated into the asylum space. There are then separate sections for the feeble-minded, idiotic and sometimes hysterical and epileptic children. In other words, even with the assumption of such children as not sick, they remain in asylum space. That is, around 1830 and 1840:

[...] it is not to school children or because we can not school them, that there is a problem of knowing where to put them [...] based not on their education, on their ability to be schooled; there is the question of knowing where to put them, according to the parents' work; that is, how to not make the idiot child, with the care it requires, an obstacle for their working parents? (Foucault, 2006, p. 270; our translation).

Hence the creation of the asylum rooms (day-care centers and kindergartens) not to make children able to work in the future, but to make parents being free to work. Children are then placed in the asylum space, under the same psychiatric power schemes but now increased and refined, says Foucault. Mechanisms of power that were fundamental to define the methods of education of the idiots, the mechanisms of psychiatric power. «The education of idiots and abnormal is the psychiatric power in the pure state» (Foucault, 2006, p. 272; our translation).

There is a struggle between two wills, in the same way, it occurs with the psychiatric practice. However, it happens now between the master and the pupil, who has a will of not having will – which precisely characterizes the instinct –.

If the mad is the one who always says «yes», the idiot is the one who always says «no». If the psychiatrist's role was to turn the «yes» into a «no», then the master's role will be turning the idiot's «no» into a «yes», so that he/she can really develop and become a man/woman. The same confrontation is found in the psychiatric power, the same psychiatric omnipotence, although now present in the master's body. Special education will happen from the master's body, in the form of overpowering.

The resident is subjected to the authority of the master, who is the master of implementing its own methods, as well as the child's and the family's methods, in its relations with the child. The master, as well as the psychiatrist, must have an

impeccable physique and present themselves as powerful and unknown characters with whom the idiot must make their education. The master must use physical strength to enforce subjection and domination of the idiot's body.

The master must teach the child to look. «Their access to the reality of the world, the attention that they can direct to the different things will start by the perception of the master» (Foucault, 2006, p. 275). If the child deflects his master's gaze, the master must force him/her to be looked at.

The organization of a disciplinary space for the moral treatment of idiot children – as the asylum – is also critical. «Learning the linear distribution of the bodies, of the individual places, of gymnastics – the complete use of time →» (Foucault, 2006, p. 275; our translation).

Finally, that power brought about the idiot children is also tautological, because through the master's body the school itself conveys that children could not adapt and were designated as idiots.

[...] the psychiatric power that works here makes the school power function as a kind of absolute reality in relation to what defines the idiot as an idiot and, after the school power functions as a reality, this supplement of power will allow the school reality to function as a general rule for treating the idiots inside the asylum [...] school power works as reality in relation to psychiatric power, which [...] (Foucault, 2006, p. 276).

For Foucault, a simple economic question is what allowed these two processes (theoretical specification of idiocy and its practical annexation by the psychiatric power) to give way to medicalization. The law of 1838 that defined the hospitalization modality and the assistance to the poor placed the department or the family's original community as a guarantor. This brought great hesitation in hospitalizing the mentally feeble. In order for these children to be assisted, it was necessary that the reports denoted them as dangerous. The notion of dangerousness became necessary for these children to be accepted and attended. There are several reports of doctors' complaints about the requirement, at the time, of issuing assessments stating as dangerous children who were not, just for them to be assisted.

A stigmatization of the mentally ill then that arises in the medical literature⁴. A category of the people who may be a danger to society is created, thus, the abnormal child is marked with dangerousness.

According to Foucault, until the end of the 19th century, the adult was the one who was designed as mad, whilst only children would be conceived as abnormal. Because of the child (more specifically the idiot child), psychiatry becomes not the power that controls and corrects the madness, but the power to define what is abnormal, to control it and fix it, something more general and dangerous, according to the author.

⁴ In 1894, e.g., Bourneville writes in his report «assistance, treatment and education of the idiotic and regenerated children» how these children were dangerous. He even states that part of the criminals, drunks, the hopeless and prostitutes are imbeciles of birth who were never helped or disciplined.

This dual function of psychiatry (for the mad and the anomaly) produces a disjuncture between the practices with the mad child and with the abnormal child. Thus, the consequences are:

1. Psychiatry will be surrounded by disciplinary regimes, according to the principle of being the science and the power over the abnormal. Everything that is abnormal regarding school, military, and family discipline, all of these deviation. Through the demarcation of the abnormal child, the psychiatric power is generalized, disseminated, and diffused in society.

2. With its power over insanity and the abnormal, psychiatry goes on to define the relationships between the child and the mad adult. Because of this, the concepts of instinct and degeneracy appear. The instinct, as a natural and abnormal element at the same, will be the means by which psychiatry will seek to explain the journey from childhood to adulthood. Degeneracy will be set as an effect of anomaly produced on the child by the parents; a predisposition to the anomaly that, on the child, will make the madness of the adult possible.

3. Eventually, this generalization of psychiatry that anchors the notions of instinct and degeneracy brings what will be the field of psychoanalysis: the familiar destination of instinct. From the generalization «of the child and the abnormality, and not the adult's illness's, you see the shaping of what will become the object of psychoanalysis» (Foucault, 2006, p. 283; our translation).

In this sense, Allan's work (2010), regarding the importance of using Foucault as a box of tools to think a childlike experience, is also highlighted.

3. Childhood and difference in education

In the perspective of *the philosophy of difference*, it can be said that in addition to the institutional speech and practices, the policy can be thought of as the one which produces worlds, through sited arrangements, a sort of «organ-less political body, living flesh, which is not totaled in a stable identity, be it the mass, the class, or the people» (Brasil, 2008, p. 6; our translation).

Thus, the policy creates a field of actions that focuses not on a notion of the subject, but of subjectivity. Subjectivity would be then created, invented, in partial, diagrammatic arrangements that articulate semiotic, political, technological, artistic elements. «The multitude is the non-totaled set of these singular subjectivities» (Brasil, 2008, p. 6; our translation).

As Deleuze writes, yes, «there are subjects: they are dancing grains in the visible dust, mobile places in an anonymous whisper. The subject is always derivative. It rises and fades in the thickness of what is said, of what is seen» (Brasil, 2008, p. 6; our translation). Agamben affirms: «I call subject what results of the relation and, so to speak, of the encounters between the living and the devices» (2009, p. 41; our translation).

The offsets shown in this passage, on what could be thought of *pedagogy to the identities* for a *pedagogy around the subjectivities* also indicates also the need for being able to think about education and the child not as unique and full, identity and determined, described by educational and psychological theories, and demarcated in

public policies as defining practices with children and childhood modulations but an education to be considered in which children are presented as natural and multiple.

What can be thought from this is that the practices, which mark the adult-child relationship, won over time a statute in which the difference – the multiplicities and in singularities – took the form of inequality, and then of inferiority, contouring the basic requirements for the pathologizing processes. That is, the difference became the identity, and the uneven became inferior, pathological. In this case, the pedagogy has been constituted as a *pedagogy of identities*, and the devices of inferiority and inequality have created the idea of universality in the processes and the course, i.e. created a universality in Pedagogy and Developmental Psychology, marking the practices of powers in a wrapper of upper and lower relations, between who is capable and who is unable, normal and pathological, between who knows and who does not, producing what Rancière called a *tutoring and unequal order in educational practices* (Rancière, 2004).

This way, the difference becomes a detour, a disability. On the other hand, if childhood can be thought of as difference, as another, as minority, as foreignness, otherness, we can hear from it the following questions:

Why do you think that your language is the only possible one? Why do you think that your clothes are the only possible ones? Why do you believe that your religion is the only one? And why do they want us to believe that the only music is the one you listen to? (Skliar, 2010 p. 153; our translation)⁵.

When discussing multiplicity, Deleuze resumes a reflection by Elias Canetti; let us start with the discussion about mass.

Canetti distinguishes two types of multiplicity that sometimes oppose and sometimes overlap: the mass and the crowd. Among the mass characters, according to Canetti, it is important to note the large amount, divisibility and the equality of members, the concentration, the sociability of the set, the uniqueness of hierarchical direction, the territorial organization, the issuing of signs (Deleuze & Guattari, 2011, p. 60; our translation).

In a general way, in educational practices and 'discursive orders' inside and outside of the school, we can notice the ruling of the perspective of what Gilles Deleuze, from Canetti, calls mass. In Children Education, for example, those assumptions have been decisive, because although we often observed some distance of the speeches from a proposal that is concerned with its contents about young children, we frequently see emerging from public policies and practices of theoretical guidelines a linked proposal and a periodization of the child development. This, in turn, ends up determining ways to deal with the child and to think about childhood.

In these speeches, guided by a model of child development process, what actually gains ground is a perspective in which the child is placed at a time; this time

⁵ Text originally in Spanish. The translation was done freely.

is determined by certain periodization, routines, a time of proposals and purposes of education.

This same perspective sometimes ends up not only being determinant for practices with children but also with teachers, as we notice in the formative actions of teachers an idea of identity, of the role and profile of the teacher in the speech and the postures that the professional takes. It is also noticeable in these practices that they are oriented to think about their work with children within models, in which what reigns is the quantity, «divisibility and equality of members, concentration, sociability of the set, the uniqueness of hierarchical direction, territorial organization, issue of signs» (Deleuze & Guattari, 2011 p. 60; our translation). It is not our purpose here to deny these issues, because they seem to be striking in their educational experiences, thus manifesting as modes present in the forms of the child's existence. However, we seek discuss the fact that it is often the only way of thinking about work on early childhood education, for example (we point out that the option of reflecting about early childhood education refers to the fact that the early childhood education still escapes from a predominantly contentist model, although, it is based on a developmental, stageist model). Another subject brought by Deleuze, from Canetti, tells us of the pack,

Among the characters of the pack, the scarcity or the restriction of the number, dispersion, the distances, unresolvable variables, the qualitative metamorphoses, inequalities as remnants or overtaking, the impossibility of an aggregation or a fixed hierarchy, the Brownian of directions, the lines of deterritorialization, the projection of particles. [...]. The pack, even in their place, is an escape or deterritorialization that is part of itself; a line that has a high positive value. (Deleuze & Guattari, 2011, pp. 60-61; our translation).

4. Clues to a non-medicalized childhood education or for a pedagogy of subjectivities

Foucault shows us how, over the past centuries, the child is subdued by the psychiatric power and seen from the supposed organizations, states or behaviors, being it compared to the norm of children, or to the norm of adults. The child who escapes from these standards is intended as abnormal and confiscated by medicine. But it doesn't stop there. Throughout the 20th century, a series of theories of psychology and pedagogy have taken childhood as their object from a child development design based on the norm.

Practices and modes of action for (and with) the child, are advocated, especially in the field of education, which here we delimit as being of the order of a *pedagogy of identities*. Almost like a protocol of actions in which the teacher should impose his/her will and direct the student to a proper (pre-determined) way. It is up to the teacher the trial of the child's learning and behavior, biased on the understanding of childhood as a chronological temporality.

Producing a *pedagogy for subjectivities* is critical to a non-medicalized education. A pedagogy in which the teacher's role is not given or limited to a technical end. A

pedagogy in which the teacher does not subjugate the difference; does not see the child from a norm, or from a general and universal model of human development, but from a virtuality. A political function of enabling the autonomous development of the child.

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