

DOSSIÊ TEMÁTICO: A medicalização da educação no Brasil e no Chile: diferentes perspectivas

 <https://doi.org/10.22481/praxisedu.v15i36.5886>

MEDICALISATION IN NEOLIBERAL CONTEXTS: IMAGINING OTHER FUTURES IN SCHOOLS

MEDICALIZACIÓN Y NEOLIBERALISMO: IMAGINANDO OTROS FUTUROS EN
LOS COLEGIOS

MEDICALIZAÇÃO E NEOLIBERALISMO: IMAGINANDO OUTROS FUTUROS NAS
ESCOLAS

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Abstract: This article advances an alternative to traditional approaches to the medicalization of childhood in the school setting. Considering that processes of medicalization must be understood in relation to other forces and dynamics set in motion with which they interact and mutually affect each other, this article advances the idea that the use of diagnoses and psychotechnologies for purposes of classification and segregation are, to a large extent, linked to their implementation by an educational model ruled by principles of competition and accountability. To explore other potential unfoldings of medicalisation, I analyse a case where medicalisation processes enter the arena but concerning other dynamics and forces.

Keywords: Academic institutions. Medicalization. Psychotechnologies.

Resumen: Este artículo propone una visión alternativa a las críticas tradicionales respecto a la medicalización de la infancia y a como esta ocurre en las instituciones escolares. Considerando que los procesos de medicalización deben ser entendidos en relación a otras fuerzas y dinámicas con las cuales interactúan y se co-afecta, se propone que los efectos clasificatorios y de segregación que se desprenden del uso de diagnósticos y psicotecnologías se relaciona, en gran parte, a la adopción de estas categorías y tecnologías por un modelo educacional regido por lógicas de competencia y responsabilización. Para explorar otros devenires posibles de la medicalización, se analiza un caso en donde esta es puesta en juego en relación a otras dinámicas.

Palabras clave: Institución escolar. Medicalización. Psicotecnologías.

Resumo: Este artigo propõe uma visão alternativa às críticas tradicionais a respeito da medicalização da infância e a como esta ocorre nas instituições escolares. Considerando que os processos de medicalização devem ser entendidos em relação a outras forças e dinâmicas com as quais interagem e se co-afetam, propõe-se que os efeitos classificatórios e de segregação que se desprendem do uso de

diagnósticos e psicotecnologias se relaciona, em grande parte, à adoção destas categorias e tecnologias por um modelo educacional regido por lógicas de competência e responsabilização. Para explorar outros devires possíveis da medicalização, se analisa um caso no qual esta é posta em jogo em relação a outras dinâmicas.

Palavras chave: Instituição Escolar. Medicalização. Psicotecnologias.

Understanding y locating current medicalization processes

Since the last decades of the twentieth century – and especially since the turn of the century – social scientists have centred their analysis and critiques on what has been denounced as a growing process of medicalisation of several aspects of childhood. Both globally (JONES, 1999; TIMIMI, 2002) and in Latin America (ARMUS, 2005; FARAONE; BIANCHI, 2018), this matter seems to concentrate the interest of individuals and collectives who, from different standpoints, have expressed their concerns about the potential consequences that might arise from the unrestricted circulation and use of several biomedical categories and psychotechnologies to understand and intervene upon behaviors, emotions, affects, and conducts displayed by children who seem to drift away from specific ideals linked to social expectations, to which they are constantly being pushed back to (CONRAD, 1979).

The medicalisation theses are a vast and heterogeneous body of research that gained support and popularity in the social sciences since the 1970s (ARMSTRONG, 2017). Since then, social scientists have made use of these ideas to closely examine the reframing – under biological terms – of our individual and social lives, aiming to understand the potential effects that this has had on different aspects of our everyday lives. Although this body of work – particularly interested on how different aspects of our social, moral and psychological life has been reframed in biological terms – has been fruitful, especially on their attempts of revealing how several concepts and practices arising from biomedicine can be put into action in order to strengthen forms of social and/or legal control (VRECKO, 2009, p. 2016), it seems necessary to proceed with some caution. Particularly as some of the analyses embedded on this theory have been criticized for oversimplifying the matter of their concern. Criticisms have aimed their manifest difficulties in capturing the complexity and heterogeneity of elements that compose and act in the production and maintenance of a specific phenomenon as “medicalised” (ROJAS NAVARRO; CASTILLO-SEPÚLVEDA; SCHÖNGUT-GROLLMUSS, 2018). Even more, different analyses stop their efforts once they have realized something has been medicalized –

it has been understood in biomedical terms, and now responds to the “medical jurisdiction” – as they lack the capacity or interest in unraveling how, why, and to what ends have this particular phenomenon come into existence in such particular way.

Just as Nikolas Rose argues (2007) it is important to keep in mind that realizing that something has become medicalised should act as a call for further analysis, and not as the end of an analytical process. In this sense, many of these analyses seem to categorize something as medicalised to hastily, without further questioning whether the “medical” elements of the problem are either the cause or the consequence of other forces. This locates medicalisation as an overarching concept that explains too little of specific dynamics involved and therefore has no further utility than stating the current shape of a certain phenomenon, providing insufficient tools to weigh its effects or to promote its potential reconceptualization as something different (ROSE, 2007; ROJAS NAVARRO; VRECKO, 2017).

The eagerness to consider everything as “medicalised” has led some to criticize a significant portion of the literature produced by this body of work, as they seem to share a tendency to conceptualize medicalisation as a “reified, monolithic and inexorable *thing*”, which ends up “obscuring the complex, multidimensional, and inconsistent nature of the way in which medical concepts and practices have laid claim to larger realms of social action and authority” (ROSENBERG, 2012, p. 408). Considering the abovementioned, it seems necessary to question the simplicity with which this concept is often used in social sciences in order to provide an alternative to some of the presumptions linked to it – such as its ubiquity, or that its effects are mostly negative – as they tend to cloud our capacity to perceive novel forms and dimensions to these dynamics (FASSIN, 2011). Thus, it appears that the widespread use of the concept of medicalisation has entailed a decrease of its original analytic capacity and impoverishment of its ability to focus on the more layered aspects of these processes. To put it differently, it seems that the current dissemination and non-specific use of the concept – as more and more things are considered to be medicalized – has produced a rigidity on discussion about the concept, turning the debates about its uses on ones that “skip, shutter or prevent the formulation of other terms to discuss about the wide, complex, and rich thematic field, that this particular perspective is in conditions to approach” (BIANCHI, 2019, p. 2).

Considering the aforementioned, it appears that before being able to establish an analysis that might allow illuminating new aspects of a specific problematic, it is necessary to relocate the concept of medicalization. That is to say, we need to first understand medicalization as a specific form of problematization, which entails being careful so we do not turn it into an “anthropological constant” or just a simple “chronological variation”, in order to approach

medicalization as a particular way to problematize – in a material and semiotically specific location and time – dynamics and processes through which “(...) concrete actors, discourses, and practices, construe social realities in a given moment, raising specific stakes” (FASSIN, 2011, p. 87).

The topic being problematized in this article relates to the introduction to Chilean schools – via the implementation of a series of educational policies – of specific disorders linked to children’s mental health and psychopathology. However, it is important to recall that medicalisation processes are neither homogeneous, nor they follow the same logics and dynamics everywhere. Therefore, it becomes increasingly necessary to take into consideration the specific consequences that this process has entailed in different schools, according to different diagnoses. That being said, this article focuses its attention on a specific mental health disorder, Attention Deficit-Hyperactivity Disorder (ADHD), to carefully follow how its unfolding in a specific context produces – and its produced – of idiosyncratic modes of medicalisation, which entails different effects.

What medicalisation are we talking about?

It is coherently with my pleas to both be prudent about the methods we use, and to be open in the conclusions we draw from the aforementioned authors, that I propose that it is useful and necessary to break down the notion of medicalization in its many faces. Thus, it can be observed that when we pose the idea of medicalisation two different phenomena come forward. Phenomena which in turn are driven by diverse forces or, as Conrad (2005) calls them, *diverse engines*.

On the one hand, we can find a certain use of the notion of medicalisation in order to refer to a social phenomenon. It is in that use that medicalisation has become an interesting object of study for a significant number of historians and social scientists, who have attempted to track its origin to dynamics already taking place in Western societies during the 18th century. It is in the context provided by those societies that a diversity or modernisation processes began to be implemented, e.g. the implementation of public health programmes by the new states in order to tackle a series of social problems, such as the mortality associated to the proliferation of diseases, and the various sources of physical, mental and moral risks for the population – a situation that, within certain variations, extends to our present day (ROSE, 1998; 2005). In this scenario, medicalisation processes have reflected a properly modern concern, which is articulated through a myriad of strategies oriented to give an account on these phenomena. In

other words, as Bell & Figert (2015) mentions, they are “societal and medical practices designed to control and regulate diseases, illness and injuries” (p. 20).

However, in relation to its analytic dimension -i.e. its conceptualisation and its use in order to make intelligible certain social and individual phenomena- the notion of medicalisation gains strength since the 1970s. It was Irving Zola’s article “Medicine as an institution of social control” which prompted the dissemination of the concept, transforming it into a powerful strategic element for sociology and the social sciences in general, widening their conceptual toolbox and imaginaries, fostering a new understanding of the causes and consequences of medical developments have had in the social realm (CONRAD, 2015).

As Gaudenzi and Ortega (2012) mention, medicalisation originally had a rather descriptive use, and its application was aimed at underlining the transformation and/or reconceptualization of social, moral and individual phenomena in medical terms. However, the concept’s use quickly began to also underline a negative appraisal of the excesses of medicalisation. In other word, the concept’s use went from simply describing a phenomenon, to the exercise of a negative critique in relation to the a transformation process, inasmuch it considers that said process was produced by an illegitimate expansion of medical knowledge over spheres alien to it, as “a political intervention of medicine upon the social body” (p. 22).

So, for example, Ivan Illich (1973) referred extensively to the processes of social iatrogenesis produced by the same expansion of medical categories over the social fabric, underlining how said expansion led to a modification of our perception, tolerance and ways of dealing with phenomena ranging from mental health death and pain (WRIGHT, 2003).

Over the years the notion of medicalisation has suffered a number of transformations and modifications in both its descriptive and analytic dimensions. However, these changes have not been able to challenge the main interest in this reseach field, i.e: the questioning of the reasons behind the expansion of the medical profession and its influence. Thus, ideas as pharmaceuticalisation – the acknowledgement of the increasing importance of the pharmaceutical industry in medicalisation processes, which would operate independently from medical professionals (WILLIAMS; MARTIN; GABE, 2011) – and biomedicalization – the acknowledgment of the relevance of technoscientific elements in the complex and multidirectional processes that co-produce contemporary biomedicine (CLARKE; MAMO; SHIM; FOSKET, 2003)- have emerged to extend the question regarding medicalisation to 21st century debates, where the scenario is undoubtedly different than that of the decades when the concept was born (BELL; FIGERT, 2015).

It is precisely within these transformations that examining the consequences, causes and effects that the introduction of medical diagnostics and psychotechnologies in educational settings becomes relevant. It is through these concepts that a specific form of problematization -more sensitive to contemporary transformations- becomes possible, highlighting novel dynamics in the everyday lives of schools.

Logics for neoliberal education: accountability models, and the medicalisation of education in Chile

The Chilean educational landscape has been strongly transformed during recent decades, particularly as a result of the implementation of a neoliberal model in education, which in return has entailed a deep modification of the dynamics, logics and goals that the educational process is aimed to achieve. Thus, the neoliberalisation of the Chilean educational system has shaken the structures underpinning the very idea of education, thrusting a reformulation of the purpose of education itself – now understood in terms of values and assets linked to a neoliberal understanding of education as a business.

The aforementioned mentioned processes of neoliberalisation has expressed itself in articulated ways – both in the Chilean case, as in other locations worldwide – with what has been referred to as an accountability model of policies (FALABELLA; DE LA VEGA, 2016; FALABELLA, 2019). In a nutshell, the accountability model refers to the growing trend of making schools' responsible for what they can offer in a logic similar to the one that nowadays remains rampant in the business model, as part of a movement that has come to be known as “new public management”. Thus, as Falabella (2019) clearly states, this model is based on the idea of competitive funds linked to a formula aimed at the idea of a consumer, but that simultaneously also includes different ways of state control and centralized mechanisms of evaluation and measurement – such as tests, standardization, and national rankings – and different incentives aimed at rewarding or punishing – depending upon the case – the performance of these institutions. The implementation of accountability models has entailed a series of collateral effects, such as:

[...] curricular reductions; the intensification of traditional methods for teaching; selections, clustering, and exclusion of students according to their abilities; and anxiety by students when facing evaluations, stress by teachers, and a sense of disenchantment in the practice of their job. (FALABELLA, 2019, p. 3)

Even more, and following what Falabella and de la Vega suggest (2016), it is possible to notice that for this model to work, particular dynamics are to be enabled at an institutional level, acting in unison to reach the goals for which the educational institution is being taken accountable for. Amongst these dynamics it is possible to witness processes of “differentiation, classification, and competence” driving schools to compete for academic results (and for funding that goes attached to the system of vouchers used in the public and semi-private school system in Chile), which backslashes in the production of processes of differentiation and segregation of students, as this whole process is aimed at the consecution of specific results in standardized tests. Therefore, accountability models produce a particular arrangement of the classroom and students, always oriented by the neoliberal logics of auditing, performance, funding, and standardisation (APABLAZA-SANTIS, 2017).

It is considering the aforementioned conditions that public policies will be aimed at giving an account of students that whether because of the entanglements they undergo with the previously described forces and logics, emerged as “different” or “children-in-deficit”. Aligned with this, the formal introduction of specific disorders of mental health into the classrooms will come hand in hand with the implementation of “Ley de Subvención Escolar” or SEP-law. This law promoted that more funding could be directed at aiding those students considered to be “vulnerable”, as part of the voucher systems of an educational model aimed at the idea of demand subsidy.

The SEP-law underwent significant modifications with the later implementation on year 2009 of Decree 170, which is aimed at providing additional support – whether this is human, material or pedagogical in nature – to those children who have been diagnosed with specific disorders or handicaps listed in the decree. But, for the schools to be able to claim the extra resources attached to these children, it became necessary for a biomedical diagnosis to be performed by a competent expert. This entails that it is not up to the school or any of the professional experts working on it premises to make this judgement, but rather it is the duty of an external expert following certain protocols listed on the decree to do so, to exercise a kind of knowledge that overrides the school’s own capacities, reframing its logics and practices (ROJAS NAVARRO; PEÑA, 2018). In this sense, the diagnosis becomes an integral part for the management difficulties and problems linked to how children learn and behave in the school setting, being the medicalisation of these elements a possible and probable consequence of the psychologization of problems enacted in the educational institution (PEÑA, 2013).

Even though the consideration that specific disabilities required of special aid and support was already part of the Chilean educational policies since the 1990s, Decree 170

expanded the scope of categories that could be considered as beneficiaries of economic funding. However, it is important to carefully reflect upon the consequences that these policies can produce in an educational context oriented by an accountability model. Especially, considering that diagnosed student now becomes a source for obtaining additional funding for the school. But also, that a diagnosed student can become a handicap considering the accountability model—and how this model entails competition for funding as one of its main drivers—that could lead to the production of new forms of classification, grouping, organization, and discrimination.

Because of the abovementioned, many analyses have been cautious and critical about the effects that have entailed the use of biomedical diagnoses in the school setting in Chile (CEARDI; AMÉSTICA; NUÑEZ; LÓPEZ; LÓPEZ; GAJARDO, 2016), especially considering that the link between subsidies and diagnoses could lead to a fictitious diagnostic epidemic, or to an overabundance of diagnosed children and all the problems and detrimental effects that from such situation could arise (PEÑA, 2013; PEÑA, 2013; ROJAS NAVARRO; ROJAS; PEÑA OCHOA, 2018).

It is by considering all of the elements mentioned to this point that the medicalization of children in their role as students and in the context provided by educational institutions enmeshed in an accountability model linked to a voucher system, rankings, competition and performance, brings forth the ghosts attached to a long tradition of complex relationships biological sciences and educational policies. Tradition in which the “bio” has enabled and mobilized all type of prejudices, segregations, normalizations and essentialization of features and characteristics as privileged, and others as undervalued, in the school context (BAKER, 2002). This last bit being conducted especially by the use of biomedical diagnoses as identity markers for the purpose of classification, categorization, and segregation of those diagnosed.

Nevertheless, it is important to recall that this use of biomedical diagnoses, practices and treatments by schools is being driven by their attempt to accomplish goals and ideals, as part of an accountability model where performance becomes central to the fulfilling of these expectations. In such sense, this use of the biomedical and of psychotechnologies is not necessarily exhaustive of all the potentials uses that these elements have, or of the diverse ways in which they can interact with subjects and cultural and social ideals, as it has been shown by the specialized literature about the topic. As van der Geest (1996) mentions, diagnoses, treatments and especially pharmaceuticals can also be considered as powerful technical elements and cultural symbols, for instance:

[...] medicines acquire a status and force in society. As medical technology, pharmaceuticals are not only products of human culture, but producers of it (...). They move people into establishing, avoiding and breaking off social relationships (...) Their role in human life extends much farther, for they use people as much as people use them (p. 156-157).

Therefore, it is interesting to critically consider from that standpoint, to what extent the role played by diagnoses and treatments in Chilean schools is linked to how they are mobilized by the logics and policies that provide such setting with a specific ethos. Surrounded by rankings, and mechanisms of accountability and auditing systems, its use seems restrained to tribute only to those very same dynamics, so strongly enmeshed in the Chilean public education. However, it is worth asking ourselves if biomedical discourses about mental health and for psychotechnologies could foster a different way of productivity in the educational setting or, au contraire, if its emergence in the educational landscape is hopelessly attached to mechanisms to control and deal with whatever is different in relation to ideals and expectations previously described.

Layers and shades of medicalisation: the emergence of specific psychological grammars

As mentioned at the beginning of this article, traditional theories about medicalisation seem to have grown insufficient to grasp the complexity and multiplicity of elements composing the entanglements that give birth to practices and concepts of current biomedicine. As some have already pointed out in related fields of expertise, to reduce all potential of psychotechnologies and biomedical knowledge to their restrictive capacities is an oversimplification that has become increasingly difficult to be sustained, especially when witnessing how pharmaceuticals and diagnoses has also been used worldwide for the consecution of processes of political liberation, modes of reframing and encouragement of collective actions, and as drivers of new forms of identities and social relationships (BEHROUZAN, 2016; ECKS, 2013; MARTIN, 2009). Therefore, it is increasingly necessary to distinguish the composition of the entanglements to which psychotechnologies and diagnoses become enmeshed. That is to say, to distinguish the different scenarios and their particularities, as well as the actors, values and ideas that are being put into action and that are being affected in manifold ways by these practices and knowledge (VAN DER GEEST, 1996).

In what comes next, I will present excerpts from a case that help understanding how the relationships between mental health diagnoses, psychopharmaceuticals and educational

institutions can come together in a different way to the ones traditionally portrayed by traditional theories of the medicalisation theses. This is possible inasmuch as the case that I am analyzing – and about which I have described other facets in previous publication (i.e. ROJAS NAVARRO; VRECKO, 2017; ROJAS NAVARRO, 2018) presents particularities that enables, to some extent, to witness how the aforementioned elements could interact in a different way as they are put in relation in a specific setting that pushes a particular mode of performing their effects. The data – produced as part of an ethnographic fieldwork conducted on to schools in Santiago, aimed at exploring the practices linked to the use of psychostimulants for treating ADHD – is aimed at prompting a more complex understanding of the effects of the processes of medicalisation experienced in schools, a goal lately shared by other researchers on national ground (REYES; COTTET; JIMENEZ; JAUREGUI, 2019; ROJAS NAVARRO; ROJAS; CASTILLO-SEPÚLVEDA; SCHÖNGUT-GROLLMUS, 2018; URIBE; ABARCA-BROWN; RADISZCZ; LÓPEZ-CONTRERAS, 2019). The data has been treated in order to assure anonymity for the participants, following the ethical procedures and guidelines for social research of the institution that sponsored this inquiry.

Schools that took part on this research are located in the east side of Santiago, location where the economical and cultural elites of the country tend to inhabit. These private schools – which I will call “Mount Sinai” and “Bethlehem” – foster a conservative educational ethos, underpinned by their belonging to a neo-catholic branch that sustains a particularly conservative vision of this religion, which seems to be useful and comfortable for members of the Chilean elites (THUMALA, 2010). Thus, schools like Mount Sinai and Bethlehem have been described by those studying the elites as places specifically selected by conservative families to educate their children, temper their character and self-control, and build moral and spiritual strength (THUMALA, 2007).

In accordance to what has been previously described it is that both schools enforce the practice of wide array of dynamics aimed at fostering children into fulfilling a social imaginary of social nicety and moderation, of generosity and benevolence, which are closely linked to the catholic moral principles leading these schools. These practices – which make an idiosyncratic use of the diagnosis of ADHD and present a peculiar way to value the use of the pharmaceutical treatment – converge in the execution of a particular “training of the soul”. This expression – coined in the epigraph of one of the documents stating the institutional criteria and objectives to be achieved through the schooling process – illustrates the expectations of how the schooling process is supposed to take place.

The idea of a “training of the soul” reflects the ways in which children are addressed by the schools’ staff and faculty members, and the production of a series of standardised regulations and principles according to which children are constantly evaluated, and made to face and evaluate themselves. This process of (self)training attempting to guide the child to become “the right kind of individual” – according to these schools’ Catholic view of the world – emerges and is put into action in accordance with one specific document titled “proyecto educativo” or “educational project”. This is a 20-page booklet containing the core identity features of the schools, and from which a whole array of practices, regulations, and material and symbolic modification in the school are crafted.

But the constitution of the educational project does not only reflect a neo-Catholic inspiration. It also strongly reflects the aspirations of the traditional and conservative elite of the country. In accordance to this, elite schools such as those where the fieldwork was conducted present distinctive educational projects. Their interest distance itself from mere academic achievement¹ – although elite schools tend to excel in this as well – and seem to reside in the production of an individual with a distinctive character, one who is destined to remain part of the elite and therefore mirror their ways. As some have argued, schools attended by children of the Chilean economic and social elite play a decisive role in the intergenerational reproduction of the elite itself (DÍAZ; HERNÁNDEZ, 2014). This means that more than just focusing on obtaining academic achievements, what is at stake here is a process of social and cultural attunement which is directed in accordance with what is stated in the “educational project” each school has.

The central role played by the educational project is, therefore, two-fold. It contains the core foundational principles upon which the schools were created, principles taken from both the neo-Catholic vision provided by the religious movement, and from a certain social sensitivity linked to the elites; but it also serves as a grid from which actions, plans and regulations can be measured in order to see how they fit in the schooling process. In that sense, the educational project becomes central to understanding how everyday interactions unfold on the school’s premises, and what social, cultural and academic features are to be reproduced in the everyday interactions held inside the school. It is in accordance with what is stated in the educational project that pedagogical and disciplinary practices will be crafted, executed,

¹ According to the scores obtained in the “Prueba de Selección Universitaria 2018”—the national test used for admission to universities, 48 out of 50 top schools in terms of ranking correspond to private schools. Out of these 48 schools, 30 are located in the Metropolitan Region, and 27 out of these 30 schools are located on the east side of Santiago. Source: <https://www.t13.cl/noticia/nacional/PSU-2018-ranking-de-colegios>.

evaluated, and potentially amended. It is in relation to the “educational project” that behaviours and actions are weighed, to later be ignored, praised or punished. It is also in accordance with principles declared in the “educational project” that a certain version of ADHD will come to life in these schools, inasmuch as expectations of how children should behave and explanations of what drives their actions will be judged in comparison with what is stated in this document. But not only what will be considered as ADHD will be affected by school policies and pedagogical practice developed following the educational project. The effects of stimulant medication are also judged in similar terms by faculty members and other professional staff. Their effects will be assessed, keeping in mind to what extent its use allows children to mirror what is expected of an individual according to the educational project.

As it can be witnessed, these elements enable a particular layout for the introduction of psychotechnologies and biomedical discourses linked to mental health on these schools. Contrarily to macro explanations that orientate most analyses, it is important to recall that the elements open to be reframed under biomedical terms are always local and situated, encouraged by a social life (WATERSTON, 2014) that is affected and affects in return the sociomaterial and historical entanglements in which they are intertwined. Therefore, it seems more pertinent for their analysis to trace the mobility of these dynamics by using partial connections than overarching concepts that are unable or blind to the specificities of these processes (STRATHERN, 1991).

Hence, it becomes crucial to realise that the processes of medicalisation do not happen independently of contours provided by specific psychological grammars (BEHROUZAN, 2016) which were already in motion, modulated by the aspirations of the elites and the religious ethos of the religious movement who own these schools. It is in relation to these psychological grammars – understood as specific and local modes of performing psychological language and practices to understand, explain and intervene actions, feelings and affects – that these schools make possible the emergence of an idiosyncratic form of understanding diagnoses and treatments, and also for understanding what lies beyond the actions, emotions and affects that are to be intervened. In that sense, the process of medicalisation does not fully delete previous considerations about a specific matter, but rather provides an auxiliary explanation that becomes involved in a process of co-affectation with previous forms of truth in play, producing a hybrid, something new.

The aforementioned is exemplified in the role and practices that different teachers feel that they should embody in this particular and specific school setting. Or so does Marisol, who mentions that she sees her role as something differently from being a figure of authority, or an

embodiment of human knowledge. She, just like other teachers, tend to define and live her role as being a companion to children. It is out of embodying this role that the medication's effects are judged, by evaluating to what extent stimulant medication is able or not to "help children" in one way or another. If it was considered not to be helping, then the medication was considered out of place, useless and even counterproductive. Marisol talks about this by arguing the following:

Ritalin is used for enabling the child to learn (...) It is not that we think "ok, I only want medicated children in my classroom". No, that's not the idea at all. Because the idea is that they can and want to participate and talk during the class, otherwise it is actually quite boring. When you have children that are overmedicated, that's not the idea also. The idea, I think, is that they become able to control themselves. Bottom line, that's the whole purpose. To control themselves and pay a little attention, that's the ideal for me. It is not to have them sitting still all the time, looking away, absent-minded [because of the medication]. The medicated child is one that is more in control, but never a zombie. At least I don't think so. Unless they are way too overmedicated, but that has never happened to me. But it could happen. I know friends of mine that have run into children that are totally absent, gone. But you can tell right away, because you have seen them non-medicated. If you start working with a child without knowing him from before, one would probably think "wow, this kid is weird, there's something off with him", but maybe you wouldn't know that it is because of being overmedicated.

Thinking about the medication as encouraged by something else than simply disciplining individuals has been a recent matter of discussion. As Orkideh Behrouzan acknowledges (2016), psychiatric subjectivities – those produced out of and in relation to psy knowledges and practices such as using stimulant medication – are not necessarily the effect of top-down processes of psychiatric colonisation. They can also provide a means of personal expression, linked with social validation of experiences or with personal endurance. Medication can be a "transitional and transformative object" (p. 117), whose social life is interwoven between contextual factors and individual and collective trajectories. However, the previous does not delete the fact that, undoubtedly, medication can be used by the schools as a replacement of more traditional disciplinary techniques, as a means of "somatic regulation, in which neurobiological modulation reduces the likelihood of uncitizenly conduct" (VRECKO, 2009, p. 229).

For schools such as Mount Sinai and Bethlehem, the fundamental principles guiding their actions are attached to the consideration – linked to the sensitivities and aspirations of the elites, as well as to religious principles – that every child is different, inasmuch as the divinity has granted each child a unique soul. Therefore, teachers are encouraged to avoid implementing

direct disciplinary measures, as pedagogical practices are designed to allow each child to educate his or her liberty, to train his or her soul. This “training of the soul” works alongside notions of self-discipline and self-knowledge that children must learn to put into action. Rather than directly confronting children, teachers seem to confront children with themselves. They make them “look inside” so they can control whatever is that is happening, and once in control, they are given room to express it in the classroom.

Of course, the aforementioned do not operate swiftly all the time. There are times when children get expelled from the classroom, or they are asked to stay silent and sit still in a very straightforward fashion. However, one of the particularities of the pedagogical style of this kind of neo-Catholic school is the building up of a character that can manage to control itself, while expecting that the others will do the same. Uniqueness can only be expressed in mild manners, or in a controlled way. As it is stated in the educational project, freedom is something that needs to be understood correctly before it can be exercised:

Our children must grow to be free men, capable of owning their own lives, to drive their own history, and to give themselves to others as an act of love (...) Freedom must be educated. We have always understood “training of the spirit”³² as the education for the correct exercise of liberty, where the central role is given to educating magnanimity, to the greatness of the soul. (MOUNT SINAI; BETHLEHEM, 1999, p. 3-4)

Such understanding of liberty and of the potential ways in which it can express itself are inextricably linked to how specific diagnoses such as ADHD are understood in such setting, bringing together and putting in dialogue pedagogical practices, psychotechnologies, and the educational project of these institutions. On a landscape in which there is a strong emphasis to make each individual responsible for his own actions, where discipline manifests itself as an inner attribute and not as something imposed from the outside, and where academic achievement is relegated to the background in order to favour the development of specific social skills and expressions of character – proper of the elites and of a religious sensitivity – that could secure the chances of remaining in such privileged position, the raise of ADHD and the medicalisation of specific portions of children lives takes a very particular appearance. In that sense, the neoliberal logics of accountability carefully described by Falabella (2019) operate in these schools, but their effects seem to be mediated by other factors that allow that diagnoses and treatments can undergo a different becoming to the one experienced in other educational institutions, where the push for performance and the constant competition for funding forces the emergence of psy knowledge in other configurations and linked to other entanglements.

Conclusions

Lately, significant scholars in the educational field such as Deborah Youdell (2016) have argued in favour of reflecting about the potential benefits linked to a renewed understanding of the collaborations between the life sciences and the field of education. As Youdell mentions, despite having a critical perspective about this relation, it is still relevant to reexamine some of the capital questions lurking in the field of education – such as the problem of inequality, or about the processes of subjectification in the school setting – especially considering the insights and inputs provided by this new biology.

In such sense, my positioning regarding what is stated by Youdell should not be considered as an acritical acceptance for this dialogue to happen, but rather as an invitation to think with the generative potentials – and not only their coercive or restrictive versions – that such encounter can produce. This is, thinking that the medicalisation of specific portions of the schools unquestionable brings forth a series of restrictions and limitations, inasmuch as such process often takes place in close relation with modes of regulation and control of those who are deemed as different, especially within systems that are driven neoliberal logics of accountability and performance. Yet, that the medicalisation of certain aspects of the school life can also encourage the appearance of new forms of action and production, especially considering that these processes of medicalisation are not homogeneous, as they are closely attached to other vectors that need to be considered also in our analysis since they act together, producing particular entanglements and ways of thinking and enacting psychotechnologies and medical knowledge for specific purposes (ROJAS NAVARRO; VRECKO, 2017; ROJAS NAVARRO; ROJAS, 2019).

As I have stressed during this article, it is not enough to just state that some aspect of children's lives has been medicalized. It is also necessary to understand what does such process imply in terms of how this reframing of something in biomedical terms in a specific location happened, as well as it becomes increasingly important to explore the motivations, circumstances, and previous understandings with which this medicalisation process gets to entangle together. This is fundamental in order to, as Rabinow and Rose (2006) mention, avoid repeating mistakes from the past, while also avoiding naiveties in relation to future utopic or dystopic social imaginations. The scenario prompted by Rabinow and Rose's seems helpful when the interactions between children, psychotechnologies, educational settings and biomedical knowledge. After all,

[...] to understand and intervene in possible futures we need an analytic which is more modest and empirical, attuned to all the small mutations where today is becoming different from yesterday (RABINOW; ROSE, 2006, p. 212).

What I have argued to this point is central for understanding and analysing what to expect out of diagnosis and of the medication in a specific time and space, considering that both of these elements are highly sensitive to the sociomaterial location where they are being performed. In the case I have presented in this article, it is possible to witness how ADHD and psychostimulants are bounded to social imaginations of better performance and academic adaptation, but how these notions in these two schools are more related to social features and characteristics than academic achievement.

Now, it is important to keep in mind that cases and schools as the ones I have examined in this article are, without a doubt, a scarce exception in the educational landscape in Chile. A minority that, additionally, unquestionably, present us with another kind of problems in the educational field, linked to socioeconomic discrimination in the possibilities to access these schools, among other things. These difficulties would require a different article to be closely examined, and since they are not the scope of the present article, I have left them to slide without further questioning. Yet, while schools such Mount Sinai and Bethlehem are an exception, the overall landscape of the Chilean educational system constantly remind us of the perils and dangers of the (ab)use of biomedical diagnoses and psychotechnologies when implemented by neoliberal forces that attempt to homologate education and the public sphere to market logics, as it has been shown in analysis conducted in national ground (APABLAZA-SANTIS, 2017). Considering what has been previously mentioned, this articles is a contribution to the discussion about how biomedical knowledge and psychotechnologies can have other ends and become part of different becomings, as they are not fixed entities, bound to just one logic, but rather they are animated by a social life that grants the possibility for a wider range of actions and effects.

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Recebido em: 27 de setembro de 2019
Aprovado em: 17 de outubro de 2019
Publicado em: 03 de dezembro de 2019