

The re-enchantment of psychiatry in school institutions: an analysis based on Michel Foucault's thought

Pablo Severiano Benevides

ORCID: <https://orcid.org/0000-0001-8168-7315>

Lia Mara Silva Alves Batista

ORCID: <https://orcid.org/0000-0001-9569-9704>

Abstract: This article addresses the new forms through which psychiatric knowledge and psychiatric power emerge within school institutions. Its aim is to understand an important phenomenon that took shape in the transition from an anti-psychiatric culture to a neurodiversity culture: diagnostic-report governmentality. Methodologically guided by Foucauldian archaeology and genealogy, and based on the hypothesis that Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), and Autism Spectrum Disorder (ASD) constitute the main components of this diagnostic-report governmentality, we conducted a qualitative bibliographic study with a twofold objective: on the one hand, to demonstrate the existence of a substantial body of literature on these disorders in relation to educational practices and childhood—and, in doing so, to expose their rudimentary forms of characterization—and, on the other hand, to indicate how they operate in the rationalization of governmental practice under the neoliberal principle of installing competition in the inert points of society. In conclusion, we argue that neurodiversity culture, driven largely by the creation of social movements around autism, has significantly contributed to the return of an entire vocabulary, practice, and mode of subjectivation specific to psychiatric power from the ostracism in which, until very recently, they had remained. These elements have thus come to function in a capillary manner across the most diverse strata of social life—especially within school institutions.

Keywords: diagnostic-report governmentality; neurodiversity culture; ADHD; ODD; ASD.

1 Introduction

Around the 1960s, Brazil seemed immersed in an atmosphere of contestation directed at a set of practices, discourses, and even values directly associated with psychiatry, which, it was believed, had arrived to stay for good. From physical structures to vocabulary, from electroshock to diagnoses, from surveillance practices to admonitions, from walls to letters—psychiatry, in the material apparatus of its knowledge and practice, was being widely attacked by forces that left important marks both on social movements and on the organizational forms of the medical-psy disciplines. It was within this atmosphere that the ground was fertilized for institutional analysis, psychosociology, schizoanalysis, clinical sociology, and also both



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sociopsychanalysis and anti-psychoanalysis—not to mention, of course, anti-psychiatry (Baremlitt, 1996; Mendel, 1974; Pereira, 2007). We are referring to what Foucault (2010), in 1976, called the insurrection of subjugated knowledges: dispersed and discontinuous offensives against totalizing forms of knowledge that sought hegemony and domination within social institutions. It was believed, then, that in Brazil and throughout the world we were living through a movement that was only just beginning. Psychiatry, as a false science and a harmful form of social control, harshly criticized by Cooper (1982), in 1967, in *Psychiatry and Anti-Psychiatry*, by Szasz (1979), in 1960, in *The Myth of Mental Illness*, by Foucault himself (2012), in 1974, in the course taught at the Collège de France entitled *Psychiatric Power*, as well as by many others, seemed to be an agonizing form of knowledge-power which, on its deathbed, was pronouncing its final words—or the echolalia of someone suffering under the effects of heavy pain medication.

However, perhaps Cooper (1982), Szasz (1979), Foucault (2012), and many others did not anticipate the capacity of psychiatric power, psychiatric language, and the forms of subjectivation attached to psychiatry to make a comeback; and this precisely because, between the 1960s and the beginning of the 1990s, we were surrounded by something that went beyond an academic critique of certain contingent abuses of psychiatry: we were living within a true anti-psychiatric culture, nourished to a great extent by progressive sectors of society. This was expressed in films, soap operas, theatrical plays, and songs; but also in the field of the organization of knowledge and in schools; and, albeit timidly, in a certain temporary retreat of the force of diagnosis within the legal order itself (Einis, 1981; Arruda, 1972; Vicente; Oliveira, 2023). A vast body of scholarship in the psychological fields seemed to be oriented toward a critique of the pathologization of human conduct, especially the conduct of children and adolescents, and we found an escalation of theoretical approaches, such as psychoanalysis, humanisms, constructivist approaches, and psychologies that called themselves “critical” or “socio-historical,” directing their theoretical, clinical, and social concerns toward the promotion of a set of knowledges and practices whose main concerns included freeing subjectivities from the harmful marks that psychiatry had imprinted upon them for so long.

What was believed to be psychiatry's last breath, however, soon revealed itself to be a kind of pit stop: a temporary pause so that it could gain more momentum in the race in which it had never ceased to take part, namely, the imprisonment of subjectivities within fixed identities, pathologized and overcoded by disorders that today enter common vocabulary, gain ground on social media (Amici, 2023; Martinhago, 2018), and rapidly produce an effect of self-diagnosis. We are referring to well-known acronyms such as ADHD, ODD, ASD, and NPD (Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Autism Spectrum Disorder, Narcissistic Personality Disorder), which, in the most diverse ways, constitute powerful tools for controlling the behavior of the population, especially young people and children, by various institutions, particularly schools. The observation that we are under a storm of abusive invocations of these disorders—on social media and beyond, within school institutions and outside them, in psychiatric discourse and beyond it—should not surprise the reader. A brief bibliographic search indicates that there is a robust academic production analyzing this serious problem in our present time (Luengo, 2010; Vicentin; Gramkow; Rosa, 2010; Scarin; Souza, 2020; Moysés; Collares, 1994).

Within the vast literature that addresses the new abuses in diagnostic-report practices, we notice several emphases: the school as the privileged site of this occurrence, childhood as the target of these practices, medicalization as the most harmful effect, the notion of pathologization as the predominant form of critique, and an absence of reference to the disorders that today flood social media and give concrete body to what we call diagnostic-report governmentality. In academic productions on the returns of psychiatry, with some exceptions, we do not find sufficient emphasis on the structural, strategic, and organized character of these practices called pathologization. For this reason, since critiques of pathologization often refers to processes that are not treated as structural or foundational of a governmental rationality as we understand them effectively to be, we will refuse an analysis in terms of pathologization and, embracing the concept of “governmentality” (Foucault, 2009), developed by Michel Foucault in his 1978 course entitled *Security, Territory, Population*, we will adopt the notion of diagnostic-report governmentality as central to our study.

The first reason is that, through the concept of governmentality, enables a strategic understanding of the relationship between practices operating across different types of institutions. For example, we will better understand the relationship between school institutions, external evaluation processes, data concerning mental health, the legal function of certain diagnoses, and so on. The second reason is that we will be establishing, in a direct manner, a relationship between the practices set in motion by psychiatry and neoliberalism—or, to be more precise, what Foucault (2009) called neoliberal rationality. This consists in the organization, integration, and communication among diverse governmental practices under the principle of installing mechanisms of competition, the enterprise-form, in what neoliberals (Schultz, 1973; Röpke, 1960; Hayek, 2017; Von Mises, 2018) called the inert points of society. The third reason is that, by shifting from an analysis in terms of pathologization to an analysis in terms of diagnostic-report governmentality, we place the psychiatric report—as a material, objective, and analyzable instance—in the position of a key component of this governmentality, which is relatively new in its capillarity and in its force of acceptance among progressive sectors. In this way, we can see more clearly which reports, in mid-2026, most actively make this diagnostic-report governmentality function—and thus perhaps we may encounter ADHD, ODD, and ASD as the fundamental components of a strategy of power, broad yet microphysical, whose exposure would make even the most stoic observer blush.

To this end, our analysis must follow a twofold path: through an internal archaeological analysis, to show the theoretical inconsistency, from a scientific, epistemic, and knowledge-order standpoint, of these dubious disorders, or at least the lack of objective agreement regarding the biological, psychic, or behavioral reality to which they refer; and, through an external genealogical analysis, to show how these disorders function as components of a diagnostic-report governmentality that, carried out under the principles of a neoliberal rationality, is staged for purposes quite different from those it announces. Following these two developments, we consider it equally important to analyze the decline of an anti-psychiatric culture, once strongly supported by progressive sectors, and the rise of a culture of neurodiversity, now likewise embraced by those same sectors. Paradoxically contributed to the revival of the

psychiatric Ubu identified by (Foucault, 2012) which only a few years earlier had rightly been the object of sustained criticism.

In order to make this study more manageable, we will restrict our archaeological and genealogical analysis—which will correspond to the first and second sections of this article—to ADHD and ODD, since they are more directly associated with what are called “school demands” and therefore find in the school their main point of application. With regard to the analysis of the decline of anti-psychiatric culture and the rise of a neurodiversity culture, we will address ASD as the most astute move of psychiatric power to convert the psychiatric practice of diagnostic-report governmentality, under the sign of the empowerment of neurominorities (Abreu, 2022) through neuronal self-awareness and self-diagnosis (Singer, 1999), into a movement that would, in fact, be defending cerebral diversity (Benevides, 2024).

Thus, in a first stage of the analysis, we take as our criterion the examination of a discursive materiality composed of articles, book chapters, master’s dissertations, and doctoral theses that seek to describe the psychiatric disorders under consideration, without subjecting this literature to critical evaluation. In a second step, we also gather another discursive materiality that already outlines analysis and, in most cases, a critique of the form of description and intervention associated with psychiatric knowledge/power. Finally, in a third stage, we indicate the scope and limits of these current analyses or critiques in order, by moving beyond them, to situate what is specific to our work. We refer to the analytical displacements that we consider pertinent, both in light of the contemporary relevance of the phenomenon under examination and of the distinctive character of the reflections developed here. This procedure was used within each section of the article, with the necessary adjustments according to the specificity of each section’s function in the overall argument presented by the article.

2 The discursive emergence of ADHD and ODD: an archaeological analysis

Let us first address Attention Deficit Hyperactivity Disorder (ADHD). In less than a century of existence in the manuals of the International Classification of Diseases (ICD), ADHD has been one of the disorders presenting the greatest difficulty of objectification and descriptive regularity in its characterization, oscillating among

different determining traits: sometimes impulsivity, sometimes inattention, sometimes hyperactivity, sometimes lack of focus, sometimes—astonishingly!—excessive focus, and sometimes what is called, in an outrageously imprecise manner, weakness of self-control (Nefsky, 2004). All of this points to fragility with regard to regularities, therapeutic approaches, prognoses, and the existence of a biological basis for the disorder, which ultimately converts it into one of the most plastic, imprecise, and tentative forms of psychiatric description.

In terms of the inscription of the disorder within the order of medical discourse and, therefore, within what matters to an archaeological discourse analysis inspired by Foucault (1997a), we are dealing with “[...] the volatility of a disorder that, in less than a century of existence, changed classification more than 10 times” (Caliman, 2010, p. 49). In this sense, it is important to understand that this is not a usual, healthy, and science-immanent movement of progress, self-correction, or even revision of its concepts, forms of objectification, and distributions within an internal logic, aimed at better understanding a psychic or behavioral reality. Authors such as Conrad (1976), Barbetti (2003), and Dupanloup (2004), to cite a few examples, are quite explicit on this point: this is a disorder that progressively came to be redesigned through a description proper to the vocabularies used to designate school demands.

Here, at the archaeological level of the very formation of discourse—a level which, according to Foucault (1997a), comprises the formation of objects, the permanence of themes, the distribution of concepts, and the systems of dispersion of statements—we have an archaeological mutation of great importance in relation to ADHD. This is because the unfolding of half a century produced such a connection between themes and concepts that it became easier to slide from a school demand to a psychiatric demand. Terms such as memory obliteration, dispersion of focus, weakness of attention, or even disturbance in the learning process, which once could bear an eminently pedagogical meaning, now become, directly, psychiatric terms, of psychiatric use, psychiatric meaning, and, above all, psychiatric management through diagnoses. Bakker (2001) further emphasizes how much this disorder, although also capable of being attributed to adults, is elaborated primarily to characterize situations more common among children—which allows for a kind of seizure of power, by psychiatry, over children’s lives that perhaps we have not yet seen.

The successive changes in the order of psychiatric discourse, as they occurred and still occur in the case of ADHD—especially because this is a disorder whose characterization tends to go viral on social media, escape scientific-academic control, move toward self-diagnosis, and serve as an instrument for the most diverse charlatans who inhabit the universe of a rather irresponsible psychology and psychopedagogy and who join the chorus of the psychiatric Ubu-esque—should lead us to no other conclusion: this is a fictitious disorder. Fernandes and Marcondes (2017) bring important statements made by psychiatrist Leon Eisenberg, considered the “father of ADHD,” according to which this was a purely fictitious illness and referred to no reality, neither physical nor psychic. Rafalovich (2002), going further, considers that this fictitious character was not something perceived only at the end of certain efforts at understanding, as if this psychopathological condition were difficult to objectify. On the contrary, he considers that the psychodynamic amalgam and the descriptive oscillations existed from the very foundation of the disorder: “[...] a plethora of differentiated symptoms, from its earliest descriptions” (Rafalovich, 2002, p. 14).

We will undoubtedly address the strategies of governmentality that are at stake in the diagnostic use of ADHD, this fictitious school disorder. Before doing so, however, and in keeping with the systematic approach proposed by this study, let us move to a discourse analysis, also archaeologically and Foucauldian inspired, of another disorder which, although not as wide-reaching as ADHD, has been gaining strength and capillarity in recent years, in addition to presenting, more evidently than ADHD, a focus on childhood. We are, then, speaking of Oppositional Defiant Disorder (ODD).

Unlike ADHD, ODD—a disorder that “originated” in the 1980s, but which only in recent years has gained prominence in diagnostic practices and, therefore, as an object of analysis—is understood under the general sign of conduct disorders; and, despite the imprecision and plasticity of its characterizations, it is established around behaviors considered “disobedient,” “rule-breaking,” and, in this way, “antisocial.” Authors such as Ezpeleta, Navarro, Osa, Penelo, and Domenech (2019), as well as Rodrigues, Sousa, and Carmo (2010), to cite a few examples, do not hesitate to describe the characteristics of the subject with ODD always in school environments and situations, warning of the risk that behaviors of irritability, impulsivity, or

aggressiveness in children between 6 and 9 years of age may evolve, if not treated at this age, into vindictive behaviors, theft, and even fights involving firearms.

Thus, in cases in which one does not perceive the seriousness that may be present in small acts of childhood rebellion, in situations in which certain behaviors are dismissed as supposedly part of the alleged self-assertion of a 9-year-old child, or, still, in circumstances in which we laugh at children's small tricks or little lies—in the omission before all these “disruptive behaviors,” we will be feeding a tendency that may, in the future, come to manifest itself in a much worse form. Here, we are speaking of Conduct Disorder (CD), not as the general form in which disorders such as ODD are inserted, but in its specific form as a disorder that refers no longer to behaviors of insubordination, but to delinquency (Perez, 2017). The relationship between the evolution from ODD to CD and, consequently, from defiant behaviors to infringing behaviors, is something explicitly stated by a series of authors, such as Hutz (2009), Vilhena and Paula (2017), and Perez (2017).

We are facing, here, the most explicit contemporary form of the psychiatrization of delinquency, with all the vices, stereotypes, and stigmas that old psychiatry presented and that today reappears with the air of scientific evidence. This is because, even if they claim not to possess a sufficient degree of mastery to properly objectify the etiology of disorders such as ODD and CD, authors such as Dias, Oliveira, Monteiro, and Aznar-Farias (2014), Kivumbi *et al.* (2019), and Saunders *et al.* (2019) do not fail to present, in their research, high percentages of people affected by such disorders as a result of issues related to family structure and socioeconomic condition. Thus, Teixeira (2014) lists some elements that may influence the emergence of ODD and CD:

Pre- and perinatal complications [...], psychopathology and criminal behavior in the family [...], deficient maternal and paternal development [...], deficient supervision [...], disturbances in the qualities of family relationships [...], marital discord [...], family size [...] and socioeconomic disadvantage (Teixeira, 2014, p. 50).

We are taking up again, on other grounds, under forms that deceive the so-called progressive sectors and, often, under the appearance of a humanist veneer of care, attention, and prevention, what Patto (2000), in her classic *A Produção do Fracasso Escolar* [The Production of School Failure], called the theory of cultural

deprivation. It is precisely what at the time was criticized as the psychologization or pathologization of social problems: stigmatizations coated in an ideology of assistance, protection, and control; individualization of problems that, in truth, constituted nothing more than symptoms of a social organization impoverished, disempowered, and deceived by the belief in the sovereign power—and in the sovereign failure—of the individual “I,” the fruit of the liberal ideology that nourishes capitalism.

Martins, Morais, and Conceição (2021), quite assertively, address ODD from the standpoint of a governmentalized society, in such a way as to clearly indicate how a psychiatric management of the insubordination of children and adolescents has been carried out and tends to ramify throughout the social body as a whole. However, they do not make the necessary leap that we consider important here and in tune with Foucault himself (2012), in the course *Psychiatric Power*, when he states that psychiatric knowledge is equal to zero—and that, therefore, it refers to no reality, but constitutes only the support for maneuvers of knowledge. As is customary in so many academic texts that gather courage in the middle of their analyses and then restrain their potential in the final considerations, Martins, Morais, and Conceição (2021), after presenting harsh critiques of the governmentalization of ODD, still centered on the notions of medicalization and pathologization, end by admitting precisely what they should refuse: that there are subjects erroneously diagnosed with ODD and subjects correctly diagnosed with ODD.

Added to this [a multidisciplinary structure and social support networks], the implementation of essential care already derived from the National Mental Health Policy may be indicated, such as: attention and a humanized welcoming relationship in the treatment of subjects diagnosed with ODD. (Martins; Morais; Conceição, 2021, p. 72).

If we have devoted several pages of our study to this archaeological moment, in which ADHD and ODD are presented from the standpoint of statements that seek to attain objectivity and, solely in this way, reality, this is for a very simple reason: by disentangling the Ubu-esque character, the confusion, the tentativeness, the oscillation, the proximity to common sense, the prejudice, the weakness, and even the obsolescence of these forms of objectifying a psychiatric disorder, we seek to conclude, without any hesitation, with the refusal of the very existence of a psychic reality underlying these disorders. Thus, there would be no “children with ODD,” who

would have a milder or more severe degree, who should be medicated or treated in some other way, who should undergo therapeutic approach X or Y; what exists is only “children diagnosed with ODD.” This is, then, a fundamental displacement and one that, by no means, definitively excludes a reality (ODD), but places it in suspension, in question, in a position of needing to be explained and, of course, under the possibility of proving inconsistent and causing some embarrassment to those who attempt to explain what this reality is instead of explaining on the basis of this reality taken as presupposed. We are facing a methodological position well established by Foucault (2008), in the 1979 course entitled *The Birth of Biopolitics*:

I begin from the theoretical and methodological decision that consists in saying: let us suppose that universals do not exist. [...] The method consisted in saying: let us suppose that madness does not exist. What, then, is the history we can write of these different events, these different practices that apparently are governed by this supposed something that is madness? (Foucault, 2008, p. 5).

Let us now suppose, then, that ADHD and ODD do not exist. What, consequently, is the history that we can write of these different events, these different practices that apparently are governed by this supposed something that ADHD and ODD are?

3 Diagnostic-Report Governmentality through ADHD and ODD: a genealogical analysis

Let us begin this second stage of our work by presenting, at the outset, some Foucauldian notions that are fundamental for properly understanding what this re-enchantment of psychiatry in school institutions means; to this end, let us focus on the notions of governmentality and neoliberal rationality. The explanation of these notions will not, however, be a theoretical, exegetical, and formal exercise, as if we were presenting the design of a stationary car. Rather, in mobilizing these two notions, we will already be continuing our external and genealogical analysis of ADHD and ODD. Let us begin, then, with the well-known definition of “governmentality” given by Foucault (2009) in the course *Security, Territory, Population*:

By this word, “governmentality,” I understand the ensemble formed by the institutions, procedures, analyses and reflections, calculations, and tactics that allow the exercise of this very specific, albeit very complex, form of power that has the population as its target, political economy as its principal form of

knowledge, and security apparatuses as its essential technical instrument. (Foucault, 2009, p. 143).

Immediately afterward, Foucault (2009) indicates that he intends, in the course, to write a history of the processes of the “governmentalization of the state” (Foucault, 2009, p. 45)—which means, as a general methodological attitude, taking the state not as a homogeneous, positive unit that propagates a certain logic of domination across the other strata of the social fabric. Rather, an analysis of the processes of governmentalization of the state focuses on the way institutions govern; and, by governing, it refers to a strategic way of conducting the conduct of others through the manipulation of a set of variables that, rather than coercing the population into forcibly acting in a given way, create systems of induction, reinforcement, inhibition, displacement, and so forth, which act not against the will of the population, but within the will of the population. Therefore, the theme of governmentality is also inseparable from the theme of subjectivation, since it links the microphysical analysis of governmental practices—which function at a level prior to their incorporation into the state—to the analysis of the processes through which the population not only behaves in a certain way, but also expresses a will to behave in that way.

However, in order to be in a better position to establish a definition, even if only preliminary, of diagnostic-report governmentality, let us address the important notion of neoliberal rationality—which requires bringing forth the main aspects of Foucault’s singular analysis (2008), presented in the course *The Birth of Biopolitics*, on neoliberalism. The first step is to establish an important difference, one that is sometimes absent from a range of other analyses, between liberalism and neoliberalism. This will allow us to properly understand why we consider diagnostic-report processes—especially those carried out in school institutions, through referrals made by schools or in order to establish certain purposes in school contexts—as both governmental practices promoted by the state and expressions of neoliberal rationality.

The problem of neoliberalism is, by contrast [with liberalism], [...] a market economy without *laissez-faire*, that is, an active policy without *dirigisme*. Neoliberalism will not be situated at the level of *laissez-faire*, but, on the contrary, under the sign of vigilance, activity, and permanent intervention. (Foucault, 2008, p. 181-182).

Here, within the context of neoliberal rationality, we are quite far removed from a political philosophy of *laissez-faire*, from an ideology of talent and merit, or even from

an educational utopia that takes equality of opportunity for the emergence of individual differences as its principle. Likewise, any philosophical formulation concerning the relationship between a human nature supposedly destined to exercise its freedoms through economic ambition and the effective regulation of the economy by the market form as an expression of this competitive spontaneity disappears (Smith, 2023; Hobbes, 2019; Locke, 2019). We are, then, before a governmental rationality, that is, a set of concrete techniques, practices, and procedures that, carried out by the most diverse social institutions, interconnected through a system of data communication, and guided by the principle of maximizing individual productive forces (disciplines) and collective productive forces (biopolitics), form the concrete body of what we may call neoliberalism. And what is specific to neoliberalism?

Foucault (2009) will consider, above all, neoliberal governmentality, that is, the way social institutions govern under the form of neoliberalism, as the proper form of installing the formal principles of a market economy in the so-called inert points of society: the points at which competition has not yet arrived, has not yet been put into practice, and does not yet regulate the behavior of the population. This can be found in the Human Capital Theory of the Chicago School, but also in the Austrian School and the Vienna School (Schultz, 1973; Röpke, 1960; Hayek, 2017; Von Mises, 2018): it is, therefore, a redefinition of the very notion of competition. Now, if competition is not regarded, by this new liberalism—for a certain period conceived as social liberalism and even as interventionist liberalism—as a social datum spontaneously derived from human nature, this means that it must be actively produced by the state itself, in partnership with public, private, philanthropic organizations, and so forth. This is why neoliberal rationality, for Foucault (2009), implies a hyperactive state and a government of society. On the one hand, this means a state that will always be exercising functions of surveillance, verification, control, correlation of behavioral data, and promotion aimed at increasing social forces, as determined by the general principles of competition. On the other hand, it means a set of governmental practices that does not act upon the economy, does not aim to modify economic rules, and does not interfere in the supposed natural laws of economic processes for the purpose of producing some effect in social life—well-being, social justice, security, assistance, income

distribution—but, on the contrary, acts upon society with a view to obtaining certain economic results. Let us consider some examples.

Until very recently, there was no practice, now extremely naturalized, of competition among public schools. Public school A did not compete with public school B—therefore, the distribution of funds to schools obeyed criteria that, although susceptible to circumvention, although precarious, although insufficient, were related to school demands. The installation of competitive principles in this “inert point,” namely, in the relationship among public schools, establishes a ranking system among schools that is responsible for another type of logic in the distribution of funds: no longer according to demand, but according to performance. It is in this context that we must situate the large systems for measuring “skills and competencies,” such as the Basic Education Assessment System (SAEB), the National Exam for the Certification of Competencies of Young People and Adults (ENCCEJA), the National Student Performance Exam (ENADE), and the National High School Exam (ENEM) itself.

That said, we can already indicate that there is a relatively significant bibliography, though not as extensive as we would like, that understands the close relationship between external evaluation practices and neoliberalism (Vicente; Oliveira, 2023; Santos; Ferreira; Simões, 2019; Paula, 2003); and, further, some analyses that understand the pertinence of attending to diagnostic-report acts, as a manifestation of this strange re-enchantment of psychiatry in school institutions, as part of a broader governmental strategy (Melo; Ripardo; Martins, 2022); finally, as mentioned, we can already advance toward finding analyses that understand these phenomena through the concept of governmentality (Martins; Morais; Conceição, 2021). We must now take one further step and understand, by diagnostic-report governmentality, the way psychiatric knowledges and practices inscribe themselves within the most diverse institutions in order to govern society on the basis of the competitive principles of a market economy. And, for the purposes of this article, it is important to understand the functioning of diagnostic-report governmentality in school institutions or, more specifically, through school institutions.

This can only be done if we attend to two fundamental analytical directions. The first entails a profound difference in relation to the analyses, reflections, and critiques that habitually denounce forms of medicalization and pathologization in

school contexts and that insist on affirming, in general terms, that there is a psychologization of school demands. Our change of direction points to an event of another order, one that is subtler and more serious: a reconfiguration of psychiatric knowledge according to school demands. This implies considering that there are changes within psychiatry itself, in its discursive and practical functioning, in the ways certain disorders are redefined, and in the production of a literature parallel to the redefinitions present in the manuals of the International Classification of Diseases (ICD)—and that these changes have a clearly discernible direction: to align the very descriptions of certain disorders with school demands, so as to allow, directly and no longer secondarily, the configuration of a school demand as a psychiatric demand.

This understanding is possible, however, only if we bring into play the disorders that have effectively functioned as tools of this diagnostic-report governmentality—and here we are referring to ADHD, ODD, CD, and, as we will present further on, ASD. If the first section of this work served this function, this second section shows how, through these disorders, an entire diagnostic-report governmentality operates under the principles of neoliberal rationality, in such a way as to stir up what neoliberals (Schultz, 1973; Röpke, 1960; Hayek, 2017; Von Mises, 2018) called inert points. And this is certainly accomplished through the indiscriminate and irresponsible provision of diagnostic-report practices, often for rather troubling purposes, which unrestrainedly diagnose children and adolescents through the abusive use of disorders such as ADHD, ODD, CD, ASD, and some others.

Benevides (2024) raised this important question when, in his analysis of external evaluation processes, he questioned the function that the psychiatric report exercised within the competitive dynamics of ranking public schools, thereby raising a legitimate suspicion about how a child who has been issued such a report is treated when taking an assessment such as SAEB or ENADE. Going further, he questioned whether there is any relationship between the massive issuing of psychiatric reports for children aged 6, 7, and 8 and the attempts to exclude these students from the external evaluation process, so that the child with a certain learning difficulty—who is now issued a report indicating ADHD, ODD, or ASD—does not “harm” the school’s performance indices and the consequent receipt of funding on this basis. This would be possible, to a great extent, due to the ease with which these diagnoses are made

based on what we have referred to as the reconfiguration of psychiatry according to school demands. ADHD, by recoding problems of concentration, memory, attention, self-control, and cognition, among many others, not as school problems but as psychiatric problems, perhaps fulfills the role of flagship of the diagnostic-report governmentalization carried out in school institutions—and, with this, other social institutions begin to pay attention to this acronym and already initiate possible uses of the disorder for other purposes.

There is also a vast literature addressing the economic impacts of Autism Spectrum Disorder (ASD), from the standpoint of the expenses demanded by children with ASD and also of the benefits families receive if they obtain this diagnosis (Aflalo, 2015; Andrighetto; Gomes, 2020; Silva; Silva, 2022). The Continuous Cash Benefit (BPC/LOAS), as an allowance that can be requested, in the amount of the national minimum wage, by families who prove financial hardship in treating a child with certain diagnoses, has been producing a veritable avalanche of ASD diagnostic reports—which is, to a great extent, as we will argue in the following section, associated with a neurodiversity culture that increasingly moves toward self-diagnosis and neuronal self-awareness. This has made the diagnosis of ASD more the effect of a subjective self-declaration or of a declaration by the child's or adolescent's mother, father, or legal guardian than of a meticulous investigation by the professional who issues the report. This allows us legitimately to raise the suspicion that this incentive to seek ASD reports for families in situations of social vulnerability may constitute, precisely, a form of diagnostic-report governmentality whose function is to disempower and thereby gradually suppress from the competitive dynamics children born into families in situations of economic vulnerability. And this requires that we be aware of the harmful effects of a massive process of diagnostic-report subjectivation, that is, of the way the diagnosis exercises a power of subjectivation over the diagnosed person, causing that person to understand themselves as a being in a situation of subjective vulnerability and, therefore, incapable of doing a series of things that people without reports would supposedly be capable of doing.

The case of ODD—but also of CD—could be the least mysterious: after all, as we saw above, the description of what characterizes it does not seem to go beyond the antithesis of what Foucault (1997b), in *Discipline and Punish*, called “docile bodies.”

It is astonishing that an enormous contingent of psychologists, once enthusiasts of Foucauldian analysis, which spares no criticism of the disciplining of bodies and of institutional control over time, space, and movements, cannot see, in the strikingly current reappearance of ODD, psychiatry's most explicit move against indiscipline, its most unveiled pathologization of noncompliance with rules, and, further, the greatest exhumation of the links between psychiatric power and the ways of combining obedience/political docility with economic productivity.

The historical moment of the disciplines is the moment when an art of the human body is born, which aims not only at increasing its abilities, nor merely at deepening its subjection, but at forming a relation that in the same mechanism makes it both more obedient the more useful it is, and conversely. (Foucault, 1997b, p. 119).

Now, what is Oppositional Defiant Disorder (ODD) if not a way of, upon detecting noncompliance with a rule, creating the inference of a defiant personality with delinquent potential—and, with this, providing the allegedly scientific foundations and the institutional conditions for acting in order to eliminate acts of indiscipline and reconstitute the productivity of the individual body within the social body? And what is the veiled threat that ODD may evolve, if untreated, into CD, if not the interconnection between the small disobediences of everyday life and major delinquencies, an interconnection that constitutes the backbone of disciplinary power and of the knowledges constructed to put it into operation?

At the end of this second and penultimate stage of our work, we understand that, although we have given visibility to the forms of enunciation of ADHD and ODD, as well as indicated, in general terms, the functioning of a governmentality that has them as instruments, something still requires explanation. We must still answer the important question: what kind of event marked the passage from an anti-psychiatric culture to a neurodiversity culture? Answering this question will be of utmost importance for better understanding the re-enchantment of psychiatry and why certain discourses and practices, once criticized, refused, and even denounced by a significant portion of the academic community, today enjoy an embarrassing endorsement or an incomprehensible silence from those from whom it was least expected.

4 From anti-psychiatric culture to neurodiversity culture: ASD as an instrument of psychiatric subjectivation

The first step we must take to properly guide an answer to the question raised above is to understand that it is only possible to speak of neurodiversity culture because, when we speak of neurodiversities, we are no longer referring to any scientific vanguard, to an epistemic position, or even to a particular understanding within the field of neuroscience. We are not, therefore, in the field of a scientific debate, but in the field of an analysis of social movements; and this is because, similarly to feminist movements, anti-racist movements, LGBTQIAP+ movements, and anti-ableist movements, the neurodiversity movement, which has ASD as a kind of flagship of its demands and struggles, aims at the emancipation and empowerment of a certain identity stratum based, fundamentally, on the accounts of the very people who perceive themselves as belonging to the same neurocommunity.

This position is defended by major authors such as Singer (1999), Harmon (2004), Dolnick (1998), and Sinclair (1999): autism does not consist of an illness to be cured, but of a neuro-identitarian specificity, a singularity in modes of feeling, acting, and thinking, a particularity in the anatomical-cerebral structure that does not differ in any way from the other particularities that distinguish us physically and psychically. Thus, according to these authors, wanting to cure an autistic person is not, in principle, a less violent act than wanting to cure a homosexual person. Authors such as Silberman (2001), for example, go further: they regard as positive the existence of neurocommunities within which the choice of marriage partners, personalized educational modalities, or even certain very specific cultural signs would signal a relative homogeneity that would bring their members a sense of inclusion, equality, and belonging.

Through different paths, Rosqvist (2018), Connor (2013), and Lilley (2015) argue that educational practices can be modified so as to be adapted, acclimated, and personalized in accordance with the neuro-identities in question. Neuroatypical subjects, they say, cannot be subjected to the same pedagogical dynamics as neurotypical subjects; and, further, depending on the subject's neuroatypical characteristics, a specific mode of pedagogical practice should correspond to them. Within this perspective, which constitutes a practical consequence of the general

assumptions adopted by the neurodiversity movement, an education such as that understood by authors such as Larrosa (2018), Masschelein and Simons (2017), and Biesta (2017)—namely, an education of the common, for the common, and in the name of the common, as an education that has equality as its principle—would constitute a violence against the singularities determined by the neurocerebral identity of each subject in question. Of course, from the standpoint of the authors immediately cited above, the personalization of education consists in the ultimate design of neoliberal incursions into the field of education; and, insofar as it fractures the social fabric and the perception that we live in the same shared reality, it treats the student in the same way the market treats the consumer: as someone whose demands are already consolidated, are no longer subject to change, and therefore must be met without any kind of problematization.

The authors to whom we have referred, both those who address the neurodiversity movement more broadly and those who address, more specifically, forms of personalized education practiced according to the neuro-identities in question, all stand out for their studies on autism. And, however much they extend the scope of their analyses and their conceptions of education and socialization processes to people with other forms of neuroatypicality, it will always be through autism that they argue, with apparently more solid and firm data, for the importance of investments in adapting public spaces to the most diverse neuro-identities. And here we must make an important distinction: although much of the literature still uses the term “Autism Spectrum Disorder” and the corresponding acronym “ASD,” and although much of the movement in search of better conditions for autistic people often reaches us in this way, from the standpoint of the neurodiversity movement autism is not a disorder—which means that, speaking rigorously from this standpoint, there is an internal incoherence or an undue pathologization in the very use of the expression “Autism Spectrum Disorder.”

Thus, once freed from the condition of pathology, mental illness, or disorder, authors such as Benedetto (2020), Hacking (2006), and Singer (1999) insist on the fact that autistic subjects themselves are best positioned to diagnose themselves. This would occur, for example, in a way similar to the assumption that only individuals themselves can identify as trans or cis; or that only women themselves can indicate

when and how they experience misogyny; or, still, that only Black individuals can indicate when and how they experience racism. Thus, as in various other social movements, the neurodiversity movement follows, in general terms, the primacy of standpoint and first-person experience as the supreme criterion for identifying what is truly happening to oneself. It also reinforces the line that transforms the experience of one's own lived reality into knowledge of that lived reality; and, with this, transforms self-experience into knowledge, both for oneself and for others.

Although my role as a researcher created a distance from my own reality as an autistic person, in no instance could I cease to be one. This same measure applies to Black people, women, homosexuals, and many others who deal with their condition in the world and who also have themselves as objects of research, for under no condition do we cease to be. (Benedetto, 2020, p. 2).

Here, we are faced with what Singer (1999), perhaps the main representative of the neurodiversity movement and the one who most radically carried to its conclusion the consequences of this specific form of understanding, called neuronal self-awareness—which has, as a rule, if not officially and legally, then in the form of strong social pressure from neurocommunities, transferred diagnostic power from the neurologist or psychiatrist to the neuroatypical subject themselves. After all, how could another person, who has no direct access to the thoughts, sensations, feelings, or cognitive dynamics of an autistic person, be endowed with the power to say that this person is not autistic? This is, therefore, the more general direction of the neurodiversity movement: neuronal self-awareness and self-diagnosis. To this should be added the fact that psychiatrists and neuroscientists have long been searching for the cerebral locus of autism (Wickelgren, 2005). And, although they have not found it, nor decided on its etiology or on the methodology of clinical intervention (Newschaffer; Curran, 2003), the overwhelming majority of them do not doubt that it is a disorder and, further, a disorder that has a biological cause (Fombonne, 2003; Wing, 1997).

For these reasons, Ortega (2008) says that studies around autism activate an identitarian cerebralism, and Ehrenberg (2004) understands that the neurodiversity paradigm, more than classical psychiatry, has revived the myth of the cerebral subject. In the name of the empowerment of neurominorities (Abreu, 2022), to which neuronal self-awareness and self-diagnosis would be correlative, we have, from the 1990s onward, beginning in Australia, a social movement that contributed to the reactivation of psychiatric vocabulary, psychiatric practices, psychiatric values, and, therefore,

psychiatric power. This is because psychiatry can now reappear clothed in a language and politics proper to social movements, empowering identities, marking standpoints, creating cycles of belonging, and establishing social bonds among people formerly stigmatized, excluded, and discarded from social life.

However, we must not allow ourselves to be deceived: the neurodiversity movement more intensely fulfills the designs that disciplinary power lends to psy knowledges insofar as it eliminates any and all resistance to the effects of subjectivation linked to the form of power immanent to these knowledges (Benevides, 2024). Would self-diagnosis, so acclaimed as liberating by the neurodiversity movement, not simply be the assumption, without intermediaries and without resistance, of the form of subjectivation whose coordinates are traced by psychiatric power? Once again, let us not evade the point: self-diagnosis thus operates as a kind of confessional power (Foucault, 2009), now mediated by the semantic terrain of neuro-knowledges; it obtains its effect of power all the more intensely the more the subject who experiences themselves as neurodiverse believes that, by undertaking self-diagnosis and exposing their subjectivity in forums, groups, social networks, or spaces more circumscribed to neurocommunities, they are finding their liberation, their identity, and their truth.

There is, in the immanence of neurological discourses, in the conditions of possibility of their existence, as well as in the invisible network between words and things that composes their enunciations, the existence of a “subject-function.” This is precisely what, in *Discipline and Punish*, Foucault (1997b) called the political technology of the body: the way the body is already, a priori, disposed to forms of knowledge—and this in the condition of an object, inseparable from a subjectivity, a soul, a psyche. There is, therefore, no individual who can experience themselves without, in that self-experience, the coordinates of psychological and psychiatric discourse acting constantly, especially in circumstances in which self-experience takes place in spaces marked by the politics of neurodiversity.

This is what genealogy shows us as a microphysics of disciplinary power over the body: on the one hand, the body is never alone; and, on the other, the soul, the psyche, subjectivity, or identity are nothing other than the effect of a type of power over the body. It is therefore necessary, according to Foucault (1997b), to cease seeking

our liberation in the contingent attributes of the form-Man—psychologically, psychiatrically, and, today, neurologically defined. It is necessary to stop believing that we free ourselves from power when we publicly proclaim what we feel to be our “identity.” And this is because, the more we seek our liberation in the attempt to define the experience we have of what we are in psy or neuro terms, the more we will be, under the illusion of finding the hidden and buried treasure, digging our own grave. We will increasingly be constructing our own impossibility of being different from what we have begun to think we are. In other words, we will increasingly be building our own prison. And this even if, for the moment, we feel relief resulting from the fact that we are in a group situation, which, as Freud (2013) clearly indicates in *Group Psychology and the Analysis of the Ego*, produces a feeling of psychic satisfaction thanks to a bond of identification with the members of a group.

Identity, thus, can also be understood as the effect of a process of identification—and, in this sense, we know well how the suggestibility and vulnerability of certain subjects place them in a position to readily accept any identity form that fills the void of the “ego” and of the “ego ideal” (Freud, 2013). Hence the importance, as Singer (1999) clearly perceives, of diagnosis, even self-diagnosis: it causes the subject to better understand why they think, feel, act, and live in such a way. The jubilation, however, does not come from the “liberation of the ego,” but, as both Foucault (1997b) and Freud (2013) clarify in different ways, from the fact that the subject undergoes subjectivation and recognizes themselves around an identity that is not only theirs, that does not belong only to them, and that is shared by some others—it is, therefore, the joy of no longer being alone, even if one is no longer alone inside a prison. And what is this prison, if not an identity—assumed, deepened, and cultivated—that makes it impossible to leave the place where we are in order to become other, radically different from the comfortable differences that our interiority, guided by the vocabulary that the neurodiversity movement rescued from psychiatry, has already taken care to gestate and appease?

The human being we are told about and invited to liberate is already, in itself, the effect of a subjection much deeper than itself. A “soul” inhabits it and brings it into existence, and this soul is itself a piece in the dominion exercised by power over the body. The soul, effect and instrument of a political anatomy; the soul, prison of the body. (Foucault, 1997b, p. 29).

Would we not, then, by searching the labyrinths of our identity through the fragile architecture of psychiatric knowledge, be digging, with our own feet, day after day, the tomb from which we will never emerge and through which we would find our petty relief, at the cost of paralyzing everything in us that is alive, vivid, and vivacious?

5 Conclusion

The passage from an anti-psychiatric culture—which perhaps constitutes one of the main emblems of the 1960s, 1970s, and 1980s—to a neurodiversity culture brought with it a mass of events whose meaning we may still be seeking to understand more fully. After all, when an entire cultural scene, allied with a politics of knowledge, with relative support from criminal justice and in conformity with an entire libertarian political spectrum, undergoes such a profound transmutation in such a short period of time, this produces a significant effect of disorientation. And here we are speaking both of a broader subjective disorientation and of a more specific analytical disorientation. After all, do the affirmation of diverse neuro-identities and neuroatypical subjects, once silenced and now possessing a significant standpoint, and the most archaic forms of functioning of psychiatric power, frequently described through their mechanisms of coercion, confinement, or, in the least severe case, subjective stigmatization, not seem profoundly different?

We argue, however, that the opening offered by the neurodiversity movement to the discourse of psychiatry brought with it, albeit partly unwittingly, the reactivation of certain extremely harmful elements associated with psychiatric power—and here we are speaking less of explicit coercion or institutional violence than of the effects of subjectivation proper to diagnosed subjects. But not only of this, after all, the diagnostic-report act produces very objective institutional effects. This issue concerns us, above all, because it is a massive diagnostic-report process, one with significant reach across the social body and increasingly spreading in capillary fashion—a process whose privileged target is, precisely, children and adolescents. It is therefore, even if collaterally, a serious generational problem. We are facing an event whose characteristics may be so grave that we are not yet even in a position to glimpse them: the production of a psychiatrized generation.

For these reasons, we believe that this re-enchantment of psychiatry, especially in school institutions, takes shape in what we have defined as diagnostic-report governmentality; and, for this reason, we have sought to give visibility to the pieces of this puzzle, acting contrary to the acronyms that conceal the full names they abbreviate, like someone slowly unfolding a piece of paper until reading the small message found at its center. Thus, we make visible what we consider to be the main disorders that compose the re-enchantment of psychiatry, which have gone viral on social media and which today, although they can be obtained without great difficulty, enable or prohibit many different things—we are, then, speaking of ADHD, ODD, and ASD.

We are aware that different analytical directions could have been taken and, further, that different materialities could have been gathered to lend robustness to the preliminary analysis presented here. We are also aware that our analysis may contradict, not laterally but deeply and significantly, interests and desires, beliefs and certainties, expectations and promises. We are aware, however, that we have assumed, in general terms, an analytical path that opens a space for critical reflection on the indiscriminate use of psychiatric disorders such as ADHD, ODD, and ASD, and that this analytical path needs to be opened so that other researchers may deepen their investigations without fear of restraint, intimidation, or implicit forms of censorship. We hope that the absence of this fear may be filled by the presence of an analytical vigor that puts in check—and perhaps in checkmate—not only the abusive use of these disorders, but the very physical or psychic reality to which they supposedly refer. But, beyond everything, we are aware of the gravest risk—the risk that, even after checkmate, the game may continue as if nothing had happened. If that is the case, we certainly will not yield. On the contrary, if the fall of the King does not end the game and if the rules are modified in favor of the exposed King, we will remain in the game until our last piece has the strength to advance to the next square. After all, perhaps the King may be disguised as a bishop, a rook, or even a pawn.

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MINI BIOGRAPHY

Pablo Severiano Benevides

PhD in Education from the Federal University of Ceará (UFC). He completed postdoctoral studies in Philosophy of Education at the Universitat de Barcelona. He is Adjunct Professor II in the Department of Foundations of Education (FACED/UFC) and in the Graduate Program in Education (PPGE/UFC). He coordinates the MÁTIA Research Group – Studies in Philosophy of Visibilities. He is also a researcher in the CNPq Research Directory's Marxist Studies Group (GEM).

E-mail: pabloseverianobenevides@hotmail.com

Lia Mara Silva Alves Batista

Master's student in Education at UFC. Specialist in Distance Education Teaching and holds a degree in Law from the University of Fortaleza (UNIFOR). General Coordinator of the Distance Education Center at Unichristus.

E-mail: liamry@hotmail.com

Translated by **Lia Mara Silva Alves Batista** and **Francisco José Frota Melo**