


The production of digital biocitizens of childhood in Facebook biosocial communities


A produção de biocidadanias digitais da infância em comunidades biosociais do Facebook

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Abstract

This research aims to analyze how the processes of medicalization of childhood operate in biosocial communities of parents in the social network. The investigation started from a virtual ethnography approach in two community groups of parents of children diagnosed with ADHD on the Facebook platform, from June 2021 to November 2022, using Michel Foucault's discourse analysis as its analytical bias. The results show that social networks are spaces for anchoring, circulating, and reinforcing discourses that act on biomedical statements about the medicalization of childhood, and that construct subject positions for fathers, mothers and, in particular, children, these being the object of these speeches. Furthermore, the phenomena of medicalization of childhood become articulated by biopolitical strategies that reduce a set of social and educational problems to biological causes only. We can affirm, in the end, that social networks help in the expansion of diagnoses of mental disorders in children due to the countless sharing of information about possible disorders, acting as tools for the creation, circulation, and control of bodies with statements anchored in biopsychopathological discourses, which in turn allow the production of digital-informational biocitizens and biosocial communities.

Keywords: Medicalization; Child Behavior Disorders; Biopolitics; Social Network; Discourse.

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Resumo

O objetivo desta pesquisa foi analisar como os processos de medicalização da infância atuam em comunidades biossociais de pais na rede social. A investigação partiu de uma abordagem de etnografia virtual em dois grupos de comunidades de pais de crianças diagnosticadas com TDAH na plataforma Facebook, pelo período de junho de 2021 a novembro de 2022, tendo como viés analítico análise de discurso de Michel Foucault. Os resultados demonstram que as redes sociais são espaços de ancoragem, circulação e reforço de discursos que atuam a partir de enunciados biomédicos acerca da medicalização da infância, e que constroem posições de sujeitos para pais, mães e, em especial, as crianças, que são o objeto destes discursos. Além disso, os fenômenos de medicalização da infância se tornam articulados por estratégias biopolíticas que reduzem apenas a causas biológicas um conjunto de problemas sociais e educativos. Podemos afirmar, ao fim, que as redes sociais auxiliam na expansão dos diagnósticos de transtornos mentais infantis através dos inúmeros compartilhamentos de informações sobre os possíveis transtornos, atuando como ferramentas para criação, circulação e controle de corpos por meio de enunciados ancorados em discursos biopsicopatológicos, que por sua vez permitem a produção de biocidadanias digitais-informacionais e comunidades biossociais.

Palavras-chave: Medicalização; Transtornos do Comportamento Infantil; Biopolítica; Redes Sociais; Discurso.

Introduction

Biomedical knowledge, especially that based on the specialty of psychiatry, is increasingly permeating our daily lives, increasingly occupying the interstices of our forms of existence. In this expansion, biomedical practices and knowledge enter our lives from the most mundane to the most restricted areas of our individual privacy. They position themselves as the main and ultimate form of knowledge, in which we can address ourselves and understand ourselves as a certain type of subject (Rose, 2007).

In this sense, Whitaker's (2019) assertion that psychiatry—and biomedical knowledge in general—has increasingly expanded its influence over our lives over the last 65 years is not surprising. In the course of this process, more and more characteristics that were once considered normal have come to be known and characterized as deviant, and many of them have become a disorder (Caponi, 2016).

The characteristics of certain disorders are now widely disseminated in different institutional spaces, such as technical-scientific books (the DSM¹, in particular), scientific events², and the media in general (documentaries, newspapers, websites, among others)³. The latter end up, in a way, being operational of what can be called the popularization of science (Neto *et al.*, 2015), which makes biomedical knowledge and practices reverberate throughout society.

In the first decades of the 21st century, however, other social spaces have gained notorious power to disseminate and reverberate knowledge. These spaces are virtual social media, materialized in social networking applications, which undoubtedly cross our individualities and collectivities from the public to the private sphere. It is within the scope of the discussion on biomedical knowledge in its forms of subject production—and taking virtual social networks as the place where such knowledge

1 DSM stands for Diagnostic and Statistical Manual of Mental Disorders.

2 Manifesto of the Forum on the Medicalization of Education and Society. São Paulo, 2010. Available from: https://www.fcm.unicamp.br/fcm/sites/default/files/manifesto_web.pdf. Access on: October 30, 2022.

3 See Stop-DSM, a movement launched internationally that problematizes the single criterion proposed by the DSM, proposing a questioning of the classification logic of the Manual, defending a subjective and clinical approach to psychological suffering. Despatologiza -The Movement for the Depathologization of Life began with health professionals, research and service partners who saw the need to collectively confront the processes of pathologization that transform differences into illnesses. site: www.despatologiza.com.br.

is operationalized, disseminated, and materialized—that we carried out the research in question. Thus, our object of study is the ways in which biomedical knowledge and practices, in their discursive productions about behaviors and disorders, position themselves as operationalizations of truth and subjection, acting in the formation and operationalization of biosocial groups on social networks, especially in virtual Facebook⁴ communities.

The media and social networks are virtual spaces that promote the dissemination of *psy* discourses, covering psychiatry, psychology, and related knowledge (Martinhago, 2018). In Facebook's virtual communities, there is a construction of groups—many of them of parents of diagnosed children and others of professionals—where participants connect according to common interests, mutual affection, venting, requests for help on the most diverse day-to-day situations. In these spaces, they exchange information and discuss various topics, including mental disorders in childhood—and more specifically attention deficit hyperactivity disorder (ADHD), which has the highest prevalence of diagnosis in many countries such as the United States, the United Kingdom, and Israel (Whitaker, 2016).

The composition of these groups based on an organization of biomedical discursive statements can be understood as biosocial communities. Biosocial communities are understood as collectives formed around the same biological or psychopathological concept, as in the case of this study, a virtual community of parents of children diagnosed with ADHD. Rabinow (1996) argues that these forms of collective organization demand the incorporation of a type of citizenship based on medical-scientific knowledge about certain illnesses, disorders, or diseases.

As regards virtual social networks and their relationship with the construction of biosocial communities, it is worth mentioning that recent research in Brazil has analyzed the impact of virtual social networks on the physical and mental conditions of adults or children diagnosed with

autism, HIV/AIDS, and ADHD (Corrêa; Lima, 2020; Martinhago, 2018). In Martinhago's (2018) analysis through a virtual ethnography, the narratives showed the anguish and distress of family members of children diagnosed with ADHD, the use of medication such as Ritalin⁵, and the difficulties in dealing with their children without medication, which influences other participants to follow the same path.

Understanding that the practices that affect the ways of understanding and producing life and subjects based on biomedical knowledge are strategies for the medicalization and management of life, and that these have taken place through digital media, especially through information-sharing groups on virtual social networks, the aim of this research was developed.

Next, we present the methodological aspects of the study, and, in the third section, we discuss the results and analyze the empirical material produced for this research.

Method

Social networks are virtual environments that connect people with the use of information technologies. Facebook was launched in 2004, and today it is one of the systems with the largest user base in the world.

In order to investigate the virtual communities of the Facebook social network, elements and methodological principles of virtual ethnography were chosen. Netnography—or virtual ethnography—is observational research based on online fieldwork. The first stage of this research consisted of an exploratory search on the pages and groups of Facebook's virtual communities using keywords such as “ADHD,” “childhood mental disorder,” “DSM,” and “childhood disorders.”

This research was carried out between June 2021 and November 2022, and initially covered more than 20 Facebook pages and/or groups. Most of

4 Facebook is a social network created by American Mark Zuckerberg in 2004 and is now one of the systems with the largest user base in the world.

5 The main treatment used for ADHD is central nervous system stimulant drugs, including amphetamines and methylphenidate (Brzozowski; Daré, 2021).

the pages and groups investigated are private, i.e., they require permission from a page administrator in order to access the content and discussions. Of all the possibilities initially presented, we chose to participate in two specific groups, which had the highest number of participants, frequency of posts and weekly publications, as well as being in the general public domain.

The first virtual group⁶ was created seven years ago and has 28,464 members⁷. It is made up of mothers and fathers of children diagnosed with ADHD, ODD, autism, and other supposed childhood disorders, as well as teenagers who claim to have these disorders.

The group posts daily, with an average of 20 posts a day, with the most notable posts being from mothers of children with diagnoses and those who are looking for a diagnosis. Doubts about the medicines used for each child are highlighted, and even though the group description prohibits the sale of medicines, there is a strong emphasis on this subject. It is also forbidden to sell the services of professionals or show photos of children—as the moderator of the page evaluates each post to decide whether or not to allow it. The administrator interacts almost daily with content about ADHD and various images and posts from the ABDA page⁸.

The second group included in the research was created in 2014, has 40,100 members (until 2023) and has an average of 250 posts a month, mostly from family members of children diagnosed with ADHD, and young people and adults with ADHD, and has four moderators. There are daily posts about the characteristics of children and teenagers with—or seeking—a diagnosis.

As far as ethical aspects are concerned, we did not submit the research to the Ethics Committee of the institution where the research was carried out, as we believe that this is a public group. Public virtual communities were chosen because they can be accessed by “invisible” observers, since in these

cyberspaces there are no restrictions on the type of participant; conversations, posts, and discussions are publicly available on the platform. According to Angrosino (2009, p. 74), “in the role of invisible observer, the ethnographer remains as separate as possible from the study scenario, the observers are neither seen nor noticed.” The aim is not to interview or intervene with comments on the group’s posts, but to analyze how discourses are conveyed within social networks. In order to maintain the anonymity of the research subjects, when identifying the excerpts brought for analysis, they were identified only with the initials referring to the names the subjects used to express themselves on social networks, followed by the date the posts were published. As for the comments, due to their high frequency, we decided to keep only the initials of the names. We followed Resolution No. 674 of May 6, 2022, Resolution No. 196 of October 10, 1996, and CNS Resolution No. 510/2016, ensuring the confidentiality of the data.

Inspired by elements of discourse analysis developed by Michel Foucault, we carried out the research analysis. Discourses, in the words of Foucault (2020, p. 135), can be described as follows: “the group of statements that belong to a single system of formation”. In this way, we understand the group of possibilities for the existence of something, of what can be said, but also of what can be thought, conveyed, reiterated, disputed, announced, and silenced in terms of production practices.

To this end, Foucault proposes four principles for this endeavor, of which the principle of reversal is the first. By reversal, the author emphasizes that it is necessary to recognize, to the detriment of a supposed continuity of truths and knowledge and of an individual who speaks with authority on a subject—as if from them and only from them emanated an authority of truth—to instead propose “the negative action of a cutting-up and a rarefaction of discourse” (Foucault, 1984, p. 49). In other words, it is necessary to invert the question about the

6 Respecting ethical principles, we chose not to expose the names of the groups or screenshots in order to preserve the description of the group and the identity of the participants.

7 20,900 members to date.

8 The *Associação Brasileira do Déficit de Atenção* (ABDA - Brazilian Attention Deficit Disorder Association) is a non-profit association of people with ADHD, founded in 1999 with the aim of disseminating scientific information about the disorder. <https://tdah.org.br/>.

individual who speaks (who) and what truth they speak, by which place of speech and how. Thus, we set out to analyze the statements present on Facebook pages without looking at who is speaking, but rather at which modes of speech are possible and from which regimes of truth and supposed authorities and/or expertise they operate for such validation.

The second element described by the author is the principle of discontinuity. The discontinuity of the truth of discourses is identified; therefore, one should not expect a ready-made, immutable, limitable, and continuous discourse. In the case of this study, we tried to pay attention to the multiple discourses that constituted the forms of truth posited about the medicalization of childhood.

For the third principle, described as specificity, from the author's perspective, knowledge only becomes valid as a discourse of truth once it has been recognized by the scientific community—who legitimize what is or is not true—within the discourse of science (as there are others: political, common sense, religious, etc.). Thus, it was about how, even in different situations and cases presented in the posts, elements of the same discourse could be regularly activated.

Finally, the fourth principle is that of exteriority, in which the author states that discourses occupy a space of existence based on the external conditions that demarcate it, “gives rise to the aleatory series of these events, and fixes its limits” (Foucault, 1984, p. 50). Again, in the meantime, we sought to analyze the limits of biomedical and psychopathological discourses when they disputed legitimacy over what and how a truth can be put into circulation in the groups analyzed.

These four principles should serve as guiding elements for discourse analysis, demarcating the boundaries of discourse itself and seeking to understand the production of networks and meanings. In short, discourse analysis can be defined as a process of construction and deconstruction, as it shows us that the discourses conveyed are the result of other processes, such as political, social, and cultural, and that they are constituted in so

many other practices through new discourses in an interwoven way.

Operating this method of analysis implies recognizing how certain discourses are configured through social networks and configure the social networks themselves—with health professionals, parents, educators, among others—and produce certain subject positions, informational-digital biocitizenships and biosocial communities.

Results and discussion

Medicalization and social networks: the production of subjects

In the discussions on the network, it is possible to observe the biomedical and psychopathological discourses present in the vocabulary of the participating users. Thus, we return to Foucault's (2014) view that discourses are groups of statements that make it possible for something to exist, have meaning, significance—in this case, the medicalization of childhood through social networks. Discourses construct subject positions, in other words, they produce places that can be occupied so that something can be said about something. When a mother says: “*today my son finally got the diagnosis I always suspected, ADHD*”⁹ (G.F, Aug 12, 2021), she moves as an individual and places herself within a discourse that allows her to speak—which is accepted because it has the power of truth due to the legitimacy and veracity of medical knowledge. It is at this moment that she occupies, within the discourse, a subject position to talk about what she does, becoming the subject of this discourse, as we can see in the following excerpts:

Post:

One question [...]. Could there be another disorder that causes inattention, because my little one is a wonderful child. Polite, sweet, gentle, but she lives in Narnia. She goes to the kitchen to get a drink of water, as she gets there, she comes back with

9 We will use italics to identify Facebook posts and comments.

everything, but forgets she went to get a drink of water. Unless she changes her destination along the way, loses all her school materials, she's hyper-focused on history, geography, and writing, but she's terrible at logical reasoning. She is already being monitored by a psychologist and a psychopedagogue. Now she'll have a neuropsychological assessment, but I can't see any other relevant symptoms as described here by most people. She does martial arts, loves to read and studies without any problems, she just needs to do several activities together to focus. We have no complaints from the school, everyone likes her. The school is wonderful and took on board my concerns, because until then they only considered her inattentive and a daydreamer lol. I was pretty convinced that it was attention deficit without hyperactivity, but now following the group, I'm not sure, because I don't identify her in most of the reports I read here (P.A. 9 Sept. 2022).

Comments:

I was like that as a child (C.A.).

My daughter is like you described and the neuropsychologist diagnosed her with ADHD (R.L.).

Well, if she's already being monitored by a doctor and you don't see any "apparent traces" of ADHD, don't worry. Just keep observing, but don't try to "fit" her into a diagnosis, sometimes she's just being what she is: a child (S.S.).

In this way, we can understand how the network's discourses construct subject positions, which allow the fathers, mothers, and families of children who have been diagnosed—or are looking for a diagnosis of a mental disorder—to be in a place of speech and, consequently, these discourses are replicated to their children, often subjecting them. As shown in the excerpt quoted above, even if there are doubts about their child having ADHD, there is a search for a diagnosis. The lines of resistance described by some participants, "*I was like that as a child,*" or, "*just keep observing, but don't try to fit her into a diagnosis, sometimes she's just being what she is:*

a child," show us the need that "patients" have to give voice to their experiences, even if, as mentioned, "*if she's already being monitored by a doctor*" means saying that there is a condition and that it has been accepted.

These ways of announcing that they "don't fit in" with medicalizing statements allow us to reflect that relations of power and subjection are not totalitarian or complete in their ways of functioning, in other words, there are ways of resisting and possibilities of breaking with the discourses that are imposed. Individuals will not always fully assume a subject position in the context of discourses, or if they do, they will not do so passively. It is precisely in this interplay of relationships that the mechanisms of subjection and rule are constructed, as well as ways of constructing truths.

In any case, in relation to this search to fit in or not with a diagnosis, in this case the description of oneself based on statements based on biomedical discourses, what is at stake is the biologization of life, and if possible, its optimization. It's nothing new to think that people characteristically try to reformulate and improve themselves all the time. Since the middle of the last century, we have become "somatic people" (Rose, 2013), who understand themselves and recognize themselves as genetically shaped beings. Maintaining a healthy body, diets, physical exercise, food supplements and plastic surgery, for example, are factors that are understood and influenced through this molar body, but already at a molecular level. These "truth games" do not promise a cure, but the correction of the types of people we are or want to be (Rose, 2013).

Studies such as those by Ortega (2009), Manske and Santos (2015), Silva and Vaz (2016) go in the direction of these problematizations. Ortega (2009), for example, in his analysis of autism, argues that there are no objective criteria to establish "a cut-off point on the spectrum," which is necessary for objective decisions to be made regarding the imposition of therapies or genetic tests on patients diagnosed as autistic. Manske and Santos (2015, p. 79), in turn, problematize "biotechnological" athletes who are configured by the fact that they create "object-subjects as a result of joining different biological portions to a body," that is, various procedures that can make them more prepared, suitable and qualified for Olympic sports competitions. Silva and Vaz (2016,

p. 215) argue that technological advances through “imaging the body have produced its objectification,” replacing subjective reports with images, algorithms, and numbers. In the search for an efficient brain, treatments based on drugs and/or techniques that improve focus or concentration are gaining emphasis in order to correct the performance of someone that is considered unsatisfactory—in other words, deficient.

In the case of this study, it was possible to describe, in the analysis of the discourses on social networks, strategies for the “formation of biological citizens” (Rose, 2013, p. 191). This biological citizenship cited by Rose (2013) can occur both individually and collectively. Individually, people reshape their relationships based on certain knowledge—for example, when they receive their diagnosis. And collectively when this knowledge is shared through social networks, which constitute collectivities based on statements. In the statements in the posts investigated here, it is possible to see how the communities understand themselves and relate to themselves and others in a biologically accepted way, whether to describe aspects related to their identity, their difficulties, or doubts about their new identity, as we can see in the statements below:

Since I'm newly diagnosed, it was normal for my head to be so full of thoughts all the time, so I wanted to identify what other behaviors I have that aren't normal (A.D.C., 26 Dec. 2021).

Look up the DSM, which even lists the comorbidities and diagnostic criteria (M.M.).

I follow some on Instagram. They help me a lot (I.O.).

As you can see from the comments above, the internet offers countless possibilities for searching for healthcare. Today, users can search for treatment options on a variety of websites—be they those of health professionals, governmental organizations, research institutes, universities, blogs or personal pages of patients or groups helping those suffering from a particular disease. This practice contributes to the existence of the informed patient, a “new social actor” capable of interfering in the doctor/patient relationship (Neto *et al.*, 2015, p.1656), acting as an expert on their body and treatment, shaping the figure

of the “layperson/expert patient” (Corrêa; Lima, 2020; Ortega *et al.*, 2013), as we can see in the excerpts:

Good evening, people. My 10-year-old daughter is suspected of having ADHD (she is still undergoing a neuropsychological assessment at the request of her neuropsychiatrist). At her second appointment, she was prescribed 10mg of Ritalin. As I've used this medication for some time (I used to buy it without a prescription) and had various reactions to it, I haven't bought the medication yet because I'm unsure. I'm not a doctor, but I'm afraid, because when I used it, I would concentrate on my studies, but, on the other hand, I would get very euphoric, feel headaches and a bit depressed when the effect wore off. Is anyone experiencing the same insecurity or has a child using it? If so, is it helping their school performance? (D.F., June 15, 2022).

Comments:

My son is 10 and has been diagnosed. Early in treatment he had mild headaches and at night he was more withdrawn, he seemed sad. After about 30 days, his school performance has improved, he no longer feels sad and his headaches are rare (A.S.).

I was afraid too, but today my son concentrates well and can keep up with the class (G.B.).

My son is 9 years old, he's been taking half a 10mg tablet on school days for over a year, and it's been great [...] at first, he had a bit of a headache, but only for about two days after school (K.L.).

Psychiatric diagnoses have become increasingly socially accepted and defended as a right of patients who, in turn, accept and demand a label for their medical diagnosis: I'm bipolar, my son has ADHD, my grandson has ODD; and this is done through neurological explanations: he has an excess of dopamine, I have a serotonin deficit; closing the triad with the prescription of a psychotropic drug with the hope of “curing” the supposed conduct disorders (Caponi, 2019), showing how behaviors proper to the human condition can increasingly be seen as a diagnosis in the DSM, for example.

Thus, the discourses that make up the possibility of describing what should or should not be appropriate for a child, even though they are different in form—in the speech of the teacher, the health professional or the parents—are engendered in different scenarios—school, family, social networks—and form the same group of statements when they refer to the same object—the medicalized child. This is where we can infer the construction of subject positions through the circulation and dissemination of these discourses. In these statements, the child is the one who lacks something and who, if diagnosed using biomedical and neuroscience knowledge, can be corrected and normalized using appropriate—and state-of-the-art—treatments and drugs. The subject position produced allows us to talk about these individuals as medicalizable subjects with the following characteristics: they do not sit still, they do not finish school activities, they do not stay seated... among many others already mentioned.

In this way, narratives such as: “*he’s very intelligent, but he won’t sit still, he throws tantrums, he asks a lot of questions*” are only possible because they are anchored in certain statements that allow such a function of existence, in this case, pertinent to the psychopathological discourse that refers to an object that is aligned in different ways to designate the child with the disorder. This movement also occurs in the following set of excerpts:

My son turned 5 on December 27th. He’s very intelligent, he already does sums, knows all the letters, the planets, loves learning about the human body and building Legos. But he won’t sit still, whether for dressing or eating, sometimes he drives me crazy, he doesn’t like loud noises, he fiddles with everything, he throws tantrums, he asks a lot of questions, I feel that other people stare at him a lot because he’s very fussy and makes conversation with everyone, I find the other children much calmer [...]. Is it something or am I thinking too much? I’ve already taken him to a psychologist and she said he’s very well for his age... thank you (L.F., 29 Dec. 2021).

Comments:

You described my grandson who has ADHD! (S.S.).

My son is the same, seven years old now, January 7th, and he can speak English perfectly. Look for a

neuropsychiatrist, a psychologist specializing in ADHD, a psychiatrist, a dentist, a speech therapist (R.C.C).

Mine is, and it’s everything you’ve said about your son. Conclusion: He has hyperactivity and attention deficit disorder. Look for things to help yourself because this isn’t easy for us (A.D.).

The fact that a five-year-old child “won’t sit still, fiddles with everything, throws tantrums and asks lots of questions,” as the mother put it, disqualifies any other characteristic the child has, such as: “*He’s very intelligent, he already does sums, knows all the letters, the planets, loves learning about the human body and building Lego [...] I think the other children are much calmer.*” Culturally and politically imposed barriers describe the possibilities for developing what is considered normal or not in childhood. Comparing children and looking for differences between them becomes a justification for labeling and constructing possibilities for subjectification. Even after a professional assessment—“*I’ve already taken him to a psychologist and she said he’s very well for his age*”—the search continues for a solution, explanation, justification that comes through a diagnosis—based on “biopsychopathologizing” sciences—so that the child can be treated according to their mental disorder.

Biological citizenship: biosociabilities and subjectivation

Biologizing discourses took shape throughout the 20th century and brought about a new way of relating to ourselves—in terms of neuroses, moods, emotions. According to Rose (2013), subjects at the turn of the 20th to the 21st century were educated to understand themselves “in neurochemical terms, in conscious alliance with health professionals and through the pharmaceutical market niche” (Rose, 2013, p. 310, free translation). These practices are linked to the production of a “continuous task of monitoring, managing and modulating our capacities, which constitute the life task of the contemporary biological citizen” (Rose, 2013, p. 310, free translation).

The diagnostic criteria for ADHD described in the DSM-IV, such as inattention, agitation (hyperactivity), irritation, and impulsiveness were

used by health and education professionals to diagnose children from the age of six. According to the new version of the DSM-V (2013), these symptoms can already be present from birth, making parents and family members alert to any behavior that may indicate some alteration, increasingly reinforcing the biomedical rationality we are embedded in.

The interpretative and subjective nature of these symptoms can mean that each person who searches the manual can easily find one characteristic or another, as is explicit in the following excerpt from the analysis: “*Look up the DSM, which even lists the comorbidities and diagnostic criteria*” (M.M.). These arguments are intertwined in the following excerpt:

I'm the father of a 7-year-old boy and less than 6 months ago he was diagnosed with ADHD, at first I was very reluctant, for me it was all a tantrum, lack of limits, but thanks to my wife I opened my eyes and mind. I was very afraid that my son would become dependent on the medication, I was afraid that I would stop seeing a smiling child and start seeing a robotic child because of the medication. But today I see the complete opposite. My son comes in and asks to take his medication. When he's off his medication, he becomes an agitated, restless, and totally incomprehensible child. In some cases, he turns into a tornado and everything and everyone in front of him can be brought down. But when he takes his medication, he's calmer, talks, sits down to watch a movie, studies, asks questions (G. C. 22 Feb. 2021).

In the transcribed post, all the comments congratulate the father for his report, for seeking a diagnosis and a solution to “his son’s problems.” When he mentions “*my son comes in and asks to take his medication,*” this father occupies a place in this discourse that no longer requires the presence of a health professional. At this point, the father has already occupied a place of speech and put into operation a discourse of truth, through a series of statements that create conditions of truth.

The inseparability of ADHD and Ritalin, which was built up throughout the 1980s and 1990s, meant that with the expansion of the diagnostic criteria for the disorder, consumption of the drug

increased (Ortega *et al.*, 2010). Going against the global trend, in France the diagnosis of ADHD emerged in the mid-2000s (Caliman; Prado, 2019). In a text entitled “Why French children do not have attention deficit disorder,” widely published in 2013, Marilyn Wedge (2013) compares data from the USA, where 9% of children were diagnosed and treated, to France, where the percentage of children diagnosed and medicated was less than 0.5%. According to the report, French psychiatrists see ADHD as a medical condition with psychosocial and situational causes. Unlike treatments based on psychotropic drugs, which attribute the causes to symptoms of a biological dysfunction, in France they choose to treat the underlying social context.

Delimiting boundaries on certain characteristics, behaviors and possible treatments for children unifies those who fall into a certain “category.” In Rose’s analysis (2013, p. 200), this means that more and more new “biological and biomedical lineages” of citizens are being formed in countless ways, as well as experts in this discourse, such as the parents of these children in an emergency search for a diagnosis of ADHD. Let’s look at this in another excerpt:

Post:

I have an undiagnosed daughter of 2 years and 8 months, but she has many symptoms of ADHD. I need help because I don't know what else to do. My daughter cries all day, talks a lot, screams a lot, is very restless, very irritable and doesn't sleep well, moves around all night in bed and takes a long time to fall asleep and wakes up several times during the night crying a lot. My daughter uses essential oils to help her sleep and is being treated by a psychologist, but I can see that nothing is helping and I'm exhausted, emotionally and physically. If anyone can help me with any tips or recommendations for a psychologist, I'd really appreciate it because I feel exhausted (L.L. 17 Jan. 2022).

Comments:

The ideal thing is for you to go after the diagnosis (if any) so that you can start with the interventions right away (therapeutic and

medication). You need a multidisciplinary team with an occupational therapist, neuropsychiatrist, neuropsychopedagogue, etc. Start the interventions while she is still young, as the results are quicker. She will learn to cope with ADHD, if she has it (A.K.).

For those who are directly or indirectly immersed in this diagnosis, reading, and immersing themselves in the search for answers within social media groups seems to be a key that opens up new avenues of possibilities, and the sooner the answers are sought, the better. In this way, diagnoses act as a way of categorizing children's particularities, selecting and segregating each of them according to their characteristics, making them "neurochemical subjects" (Rose, 2013).

For Byung-Chul Han (2016, p. 63), unlike the perspective of Bentham's panopticon¹⁰ of the disciplinary society in which there was the illusion of permanent surveillance, in today's society of control, or transparency ("digital panopticon"), users of the web imagine absolute freedom, adopting increasingly panoptic forms. One of the particularities of the digital panopticon is that its users actively participate in its construction, each one is exposed to visibility and control, with everyone controlling everyone.

The processes of the molecularization of life have reconfigured thinking styles, and this is manifested in the enhancement of the understanding of life and existence from explanations that operate their knowledge no longer on the physical body visible to the naked eye, but on the molecular, genetic body (Rose, 2013). This shift in thinking produces new techniques and technologies on subjects, making them part of a new discourse on life, health, and illness, and more broadly, organizes other forms of body management.

We could suggest that we are forming a new biosocial collectivity, based on the reflections put forward by Rabinow (2002), based on medicalized children, in order to characterize the new modes of collective identification through the era of genomes. These new subjectivation techniques do not promise

to cure certain types of diagnoses, but to correct the types of people we are.

The discourses observed on the web show the search by the children's relatives for explanations—based on a biological bias—for certain characteristics presented by the children. It can be seen that social media helps to expand diagnoses of mental disorders through the thousands of shares of information about illnesses, as in the discussions held in this chapter through the mothers' testimonies about the characteristics presented by their children, the formation of discussion forums about treatments and how diagnoses can be made. The activism of these parents and family members is to discuss suggestions that their children's illnesses have nothing to do with social conditions or parental management (Rose, 2013). Through these discourses, it is possible to infer how subject positions are constructed, such as that of the problem child.

Final considerations

In our current "biologized culture," a cause or solution is regularly sought in biological, cellular, or molecular terms not only for illnesses, but also for the very characteristics of human beings—abilities, personality, their very "selves" have become explainable through biology (Rose, 2013). If "*it was normal for my head to be so full of thoughts all the time*," according to an excerpt from the publications analyzed, what has changed for this individual after being diagnosed with ADHD? What other normal characteristics will they find when they go to the DSM, as one of the comments indicates? These discourses transform the subjectivities of individuals, offering new ways of describing what bothers them and what does not fit in; they are statements proliferated by the application of biomedical knowledge—central to the discourses having truth content.

Rose (2020, p. 184) makes us reflect on a new biopolitics of mental health, through the way in which people—in the case of this study, mothers and family members of children diagnosed with

¹⁰ Bentham's panopticon organizes spatial units that allow you to see without stopping and recognize immediately, visibility being a trap (Foucault, 2014, p. 194).

mental disorders—understand themselves and their children, using psychiatric language in their networks. For the author, “for the words of the mentally ill to be heard as something more than a symptom to be interpreted by someone who knows its meaning much better than the speaker, something more than ‘giving voice’ is needed” (free translation).

In the analyses carried out, it was possible to observe the constructions of subject positions based on the discourses and statements present on social networks in the speeches of parents of children seeking diagnoses of childhood disorders—“*my son is hyperactive, he won’t sit still, he asks a lot of questions.*” This process of regulating truths means that the children’s parents and/or family members, by relating to each other on social media and identifying certain common characteristics between their children, begin to understand themselves—and the children—in a certain way, from a certain knowledge, talk about themselves, judge themselves, operationalizing what Rose (2001) conceptualizes as subjectivation practices.

Thus, as far as this study is concerned, we can see that these practices are operationalized from and within psychopathologizing biomedical discourses, and that these movements on virtual social networks end up expanding and reifying these truths, subjects and networks of social relations. Finally, we reiterate that these practices produce specific forms of collectivity, biosociabilities, and act in the construction of a specific type of citizenship, namely a biological citizenship, referred to here as informational-digital biocitizenships, aimed at children.

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