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Medicalization and early diagnosis: a phenomenological perspective on child development

Medicalização e diagnóstico precoce: um olhar fenomenológico sobre o desenvolvimento da criança

Medicalización y diagnóstico temprano: una mirada fenomenológica sobre el desarrollo infantil

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Abstract:
The medicalization of childhood has emerged as a significant topic in contemporary discussions regarding child development, particularly in light of the rising number of diagnoses and the expanded use of pharmacological interventions in children. In this context, behaviors, emotions, and modes of expression inherent to childhood are frequently interpreted through diagnostic categories, fostering the pathologization of experiences that may, in fact, be linked to a child's social, educational, familial, or existential circumstances. Given this issue, the present study aimed to explore—via a literature review—how a phenomenological-existential approach contributes to a critical understanding of medicalization and early diagnosis in childhood. This qualitative research involved the survey and analysis of scientific literature concerning phenomenology, childhood, medicalization, and early diagnosis. The study draws primarily upon the contributions of Edmund Husserl, Martin Heidegger, Ludwig Binswanger, and Maurice Merleau-Ponty, integrated with the work of authors who offer a critical perspective on the processes of medicalization. The findings indicate that the phenomenological-existential perspective allows for an understanding of the child as a unique subject, shaped by their relationships with the world—an experience that cannot be reduced solely to symptoms or diagnostic classifications.

Keywords:
Medicalization of childhood. Early diagnosis. Phenomenology. Child development.

Resumo:
A medicalização da infância tem se constituído como um tema relevante nas discussões contemporâneas acerca do desenvolvimento infantil, especialmente diante do aumento de diagnósticos e da ampliação do uso de intervenções medicamentosas em crianças. Nesse contexto, comportamentos, emoções e formas de expressão próprias da infância têm sido, em diversos casos, interpretados a partir de categorias diagnósticas, favorecendo processos de patologização de experiências que podem estar relacionadas às condições sociais, educacionais, familiares e existenciais da criança. Diante dessa problemática, o presente estudo teve como objetivo discutir, por meio de uma revisão bibliográfica, de que maneira a abordagem fenomenológico-existencial contribui para a compreensão crítica da medicalização e do diagnóstico precoce na infância. Trata-se de uma pesquisa qualitativa, desenvolvida a partir do levantamento e análise de produções científicas relacionadas à fenomenologia, à infância, à medicalização e ao diagnóstico precoce. O estudo fundamenta-se principalmente nas contribuições de Edmund Husserl, Martin Heidegger, Ludwig Binswanger e Maurice Merleau-Ponty, articuladas com autores que discutem criticamente os processos de medicalização. Os resultados evidenciam que a perspectiva fenomenológico-existencial possibilita compreender a

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criança como um sujeito singular, constituído em suas relações com o mundo, cuja experiência não pode ser reduzida exclusivamente a sintomas ou classificações diagnósticas.

Palavras-chave:
Medicalização da infância. Diagnóstico precoce. Fenomenologia. Desenvolvimento infantil.

Resumen:
La medicalización de la infancia se ha convertido en un tema relevante en los debates contemporáneos sobre el desarrollo infantil, especialmente ante el aumento de los diagnósticos y el uso más extendido de intervenciones farmacológicas en niños. En este contexto, comportamientos, emociones y formas de expresión propios de la infancia se interpretan en diversos casos mediante categorías diagnósticas, lo que favorece la patologización de experiencias que pueden estar relacionadas con las condiciones sociales, educativas, familiares y existenciales del niño. Ante este problema, el estudio se propuso examinar, mediante una revisión bibliográfica, cómo contribuye el enfoque fenomenológico-existencial a una comprensión crítica de la medicalización y del diagnóstico temprano en la infancia. Se trata de una investigación cualitativa basada en la búsqueda y el análisis de publicaciones científicas sobre fenomenología, infancia, medicalización y diagnóstico temprano. El estudio se fundamenta principalmente en las aportaciones de Edmund Husserl, Martin Heidegger, Ludwig Binswanger y Maurice Merleau-Ponty, articuladas con las de autores que analizan críticamente los procesos de medicalización. Los resultados muestran que la perspectiva fenomenológico-existencial permite comprender al niño como un sujeto singular, constituido en sus relaciones con el mundo, cuya experiencia no puede reducirse exclusivamente a síntomas o clasificaciones diagnósticas.

Palabras clave:
Medicalización de la infancia. Diagnóstico temprano. Fenomenología. Desarrollo infantil.

1. Introduction

This study examines the medicalization of childhood and its potential effects on how children's behaviors and experiences are understood. It discusses how expressions of child development, such as different ways of playing, communicating, showing feelings, forming bonds, and responding to situations, can be interpreted as signs of disorders or individual abnormalities when examined outside their context.

The article first presents the contributions of the phenomenological-existential approach to understanding childhood. It then discusses early diagnosis and medicalization, considering both the importance of identifying specific needs and the risk of reducing the child to medical categories. Finally, it critically analyzes the selected studies using a framework that values listening, individuality, and understanding the child beyond diagnostic classifications.

The study therefore asks how the phenomenological-existential approach can contribute to a critical understanding of medicalization and early diagnosis in childhood while taking into

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account both the child's individuality and existential context and the importance of assessments and interventions necessary for development.

The study is warranted by the social and scientific relevance of the subject. At the social level, data from the Brazilian Health Regulatory Agency (ANVISA, 2012) indicate a substantial increase between 2009 and 2011 in the use of methylphenidate among Brazilian children aged six to sixteen. The drug is prescribed mainly for attention-deficit/hyperactivity disorder (ADHD). The increase prompted the agency to call for monitoring of its use. In education and mental health, research by Moysés (2001) and Sanches and Amarante (2014) shows that children with learning difficulties and behavior deemed inappropriate have been referred to health services and their difficulties interpreted as individual disorders, with less attention paid to the social and school conditions in which they live.

Early diagnosis may facilitate care in some cases. This study examines the extent to which it can also reduce a child to a diagnosis, produce stigma, and lead to disregard for the child's individuality. At the scientific level, the phenomenological-existential approach provides concepts for questioning the objectification of children's experience (Santos; Silva Júnior; Fontenelle, 2018), warranting a systematic examination of its contribution to the debate on medicalization.

The broad objective is therefore to use a literature review to examine how the phenomenological-existential approach contributes to understanding medicalization and early diagnosis in child development. Early diagnosis is understood as identifying and naming a condition after appropriate investigation. The specific objectives are to understand childhood from a phenomenological-existential perspective, link the medicalization of childhood to the pathologization of behavior, and discuss how early diagnosis may affect understandings of child development, including the risk of reducing the child to a diagnostic category.

The study seeks to discuss the possible effects of reducing the child to a diagnosis and to reflect on forms of care that value the child's uniqueness, lived experience, and relationships with the world.

2. Methodology

This qualitative study was conducted through a literature review. Qualitative research seeks to understand human phenomena through their meanings, experiences, and contexts,

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making it suitable for analyzing discussions of medicalization and early diagnosis in childhood from a phenomenological-existential standpoint.

The literature review was chosen because it allows prior theoretical contributions on the subject to be identified, analyzed, and critically assessed. This type of research draws on published material, including books, journal articles, dissertations, theses, and academic documents, to broaden understanding of a phenomenon.

SciELO and Google Scholar were searched between July and November 2026. The search terms, used separately and in combination, were “Phenomenology,” “Childhood from a phenomenological perspective,” “Medicalization,” “Medicalization of existence,” “Childhood,” “Medicalization in childhood,” and “Early diagnosis.”

The search yielded 24 items. After reviewing titles and abstracts, 3 were excluded because they contributed little to the discussion or were insufficiently relevant. The 21 items retained included journal articles, books, and technical and public-facing materials available online. The inclusion criteria were Portuguese-language articles, books, and technical or public-facing materials relevant to the study’s objective. Studies on medicalization and diagnosis in childhood were limited to 2007–2025 because of the contemporary debate, characterized by rising diagnoses and easy access to medicalization. No date limits were applied to works foundational to phenomenology and human development because they are classic theoretical sources. Eligible studies addressed medicalization in childhood, early diagnosis in child development, or the phenomenological-existential approach to understanding childhood and contributed to the proposed discussion. Publications unrelated to the research objective or offering no contribution to understanding the phenomenon were excluded, as were materials in languages other than Portuguese and publication types outside the inclusion criteria.

Given the narrative nature of this review, its findings should be read as a theoretical discussion based on the selected material. No interviews, observations, case studies, or clinical interventions were conducted.

The material was organized into themes covering the phenomenological understanding of childhood, processes of medicalization and pathologization of children’s lives, early diagnosis and its effects on child development, and the contributions of the phenomenological-existential approach to a broader understanding of childhood.

Finally, the study sought to connect the theoretical sources critically to understand how medicalization and early diagnosis may influence understandings of child development and

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how the phenomenological-existential perspective helps recognize the uniqueness of the child, including lived experience, relationships, and existential context.

3. Phenomenology

Phenomenology and the phenomenological-existential perspective contribute to understanding human experience through its uniqueness, its relationships, and the meanings attached to lived situations. For childhood, this perspective offers a way to examine how learning difficulties, behavioral manifestations, and experiences of distress are understood by considering symptoms alongside the experiences and circumstances of the child's life. The work of Edmund Husserl, Martin Heidegger, Ludwig Binswanger, and Maurice Merleau-Ponty provides a basis for a critical reflection on medicalization and early diagnosis.

For Husserl (2008, p. 25), the intentionality of consciousness expresses the relationship between consciousness and that toward which it is directed. His proposed phenomenological reduction (epoché) involves suspending prior assumptions and judgments to understand how phenomena present themselves in experience. In childhood, this approach makes it possible to investigate children's manifestations without letting an initial interpretation predetermine their meaning. For example, when a child is referred for psychological assessment because of attention difficulties, it is helpful to examine how the child experiences school activities, what situations spark interest, how the child perceives the demands of the setting, and what difficulties the child reports or shows in everyday life.

The inquiry thus seeks to understand the particularities of the child's experience alongside identifying symptoms. This stance leaves room for diagnostic assessment while helping prevent prior expectations or sweeping interpretations from governing it exclusively.

In Being and Time, Heidegger (2006) develops an understanding of the human being as Dasein, characterized by being-in-the-world. The concept means that individuals exist in constant relation to the meanings, possibilities, and circumstances that make up their existence. Understanding behavior therefore requires considering the existential context in which it arises, avoiding a reduction to internal characteristics or exclusively biological explanations. Applied to childhood, this view calls into question medicalizing approaches that read behavior solely as a sign of an individual disorder. A child showing restlessness, difficulty adapting, or resistance to school demands must be understood in terms of the relationships they form with their lived world as well as what presents as a symptom. Heidegger's contribution to the medicalization

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debate is precisely to challenge decontextualized explanations of behavior and show that a child's ways of being acquire meaning in relationships with relatives, educators, peers, and institutions.

This perspective thus challenges explanations that reduce the child to a single characteristic and recognizes the child as a subject whose existence encompasses multiple possibilities and ways of relating to the world.

According to Freire (2008), the work of Ludwig Binswanger, founder of existential analysis (Daseinsanalyse), adds to this discussion by understanding psychological suffering as an expression of a way of being-in-the-world, moving beyond a set of symptoms to be identified. Binswanger criticizes naturalistic psychiatry for explaining illness through cause and effect alone and proposes understanding the person's lived world, namely how space, time, the body, and relationships are organized for that person. What appears as a symptom is thus bound up with the structure of existence itself, and the clinical task is to grasp the meaning of that structure rather than simply classify it.

Understanding psychological distress requires attention to the person's life history and the meanings of their experiences alongside symptoms and biological aspects. When a child receives a diagnosis, existential analysis invites questions about how the classification enters the world the child inhabits, how relationships are formed, and how the diagnosis becomes part of the child's story.

This reflection makes no assumption that diagnosis necessarily produces stigma. It allows inquiry into the circumstances in which diagnosis facilitates access to care and those in which it may restrict understandings of the child to characteristics associated with the assigned classification.

Merleau-Ponty (2001/2006) emphasizes the relationship between the body, perception, and the lived world, understanding the body as a fundamental dimension of human experience as well as a biological organism. In childhood, this approach considers how the child perceives, feels, and relates to the environment. For a child showing restlessness, withdrawal, or learning difficulties, for example, it is important to investigate how these manifestations arise in different situations and how they relate to bodily, emotional, and social experiences.

A difficulty observed at school should not automatically be interpreted as a disorder, and a condition requiring specialized assessment should remain a possibility. This perspective broadens understanding by considering the child's experience and the circumstances in which the difficulty appears, without settling in advance on a single explanation.

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The phenomenological-existential approach offers a basis for asking how the child is understood in assessment and diagnosis. Husserl emphasizes the suspension of prior interpretations. Heidegger directs attention to the child's existence in relation to the world. Binswanger foregrounds the child's history and the uniqueness of lived experiences. Merleau-Ponty recognizes the bodily and perceptual dimensions of lived experience.

These thinkers differ theoretically, yet their contributions allow us to question interpretations that overlook the complexity of childhood existence. This combined perspective leaves psychological and medical assessment in place while offering a way to consider its limits and the importance of understanding children beyond symptoms and classifications.

4. Childhood

Child development is fundamental to the formation of cognitive, emotional, and social capacities and is influenced by experiences throughout childhood. In The Digital Moron Factory: The Dangers of Screens for Our Children (2021), Michel Desmurget stresses the importance of concrete experiences, social interactions, and environmental stimulation for child development. He emphasizes the need to protect experiences essential to childhood, such as play, reading, family time, and interpersonal relationships, which support learning and the acquisition of foundational developmental skills.

Understanding childhood therefore requires attention to the settings and relationships that shape children, since experiences at this stage can affect cognitive, emotional, and social development. Desmurget's discussion of excessive screen use also invites wider reflection on providing the conditions children need for well-rounded development. Contemporary changes in childhood, including greater use of digital technologies, fewer opportunities for face-to-face interaction, and rising academic and behavioral demands, can encourage medical explanations for difficulties that are part of child development.

Alongside these changes, childhood is increasingly medicalized as individual behaviors and characteristics are interpreted as symptoms of disorders, contributing to a rise in early diagnoses (Moysés; Collares, 2013). This reinforces the need to examine the social, cultural, and educational factors that affect child development and to avoid pathologizing experiences that may arise from the circumstances of children's lives today. Reading these manifestations simply as symptoms, without considering the child's context, is one way in which early diagnosis may reinforce medicalization.

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In Merleau-Ponty's phenomenological perspective (2001/2006), child development takes place through the child's relationship with the world, especially through interactions with other people. Imitation is a capacity to achieve similar results through a child's own possibilities, rather than an exact reproduction of an adult action. Children acquire language and forms of expression through interaction with a sociocultural environment that provides examples and patterns of expression while retaining the distinctiveness of children's experience.

Children are thus influenced by the modes of communication and behavior around them while experiencing and expressing them in their own ways. This understanding challenges accounts of development as the mere assimilation of pre-existing models. The child is an active subject whose experience takes shape in relation to the world and cannot be reduced to universal patterns or decontextualized explanations (Merleau-Ponty, 2001/2006; 1961/2004).

The interaction of child, culture, and freedom is an ongoing process through which experience is formed. Imitation is one way of entering the sociocultural setting. Children take up behaviors and meanings they encounter, assigning meaning to them through their own possibilities for understanding and expression. Culture is influential from the first moments of life, shaping language development, identity formation, and the recognition of oneself and others.

This influence does not fully determine the child's experience because children actively take part in their relationships and experience cultural elements in distinctive ways. Culture can thus be understood as a mediation between individual experience and collective life that children gradually make their own from early childhood (Moreira; Telles, 2012/2014; Merleau-Ponty, 2001/2006).

Children relate to culture in the ways available to them, which goes beyond the idea of a fixed "child nature." This matters because we need to avoid assuming that children understand social and cultural relationships in the same way adults do or that they function in an entirely different way. Children also do not share identical worldviews simply because they are children (Telles, 2014, pp. 9–10).

For Erik Erikson (1976), childhood is significant for psychosocial development because children's experiences and relationships with caregivers and the social environment shape personality. In his theory, human development proceeds through successive stages in which the individual encounters psychosocial conflicts that foster emotional and social skills. In childhood, trust, autonomy, initiative, and a sense of competence are especially important.

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Emotional relationships, care received, and family and school experiences help shape how children form bonds, perceive their capabilities, and interact with the surrounding world.

Erik Erikson's theory of psychosocial development is a classic account of child development. It describes four stages of childhood, each with a central conflict whose resolution shapes personality. The first, trust versus mistrust (birth to about age two), depends on the quality of care and fulfillment of basic needs, which foster a sense of security in people and the environment. The second, autonomy versus shame and doubt (ages two to three), involves exploring one's surroundings and acquiring independence, with caregiver encouragement crucial to children's confidence in their abilities. The third, initiative versus guilt (ages four to five), is marked by curiosity and starting activities, with adult responses able to strengthen initiative or, when overly restrictive, produce guilt. The fourth, industry versus inferiority (ages six to eleven), concerns learning and social recognition, especially at school. Success fosters competence, whereas repeated failure or devaluation can produce feelings of inferiority.

Erik Erikson's psychosocial stages thus help explain the importance of childhood experiences for emotional, social, and psychological development. Relationships with caregivers, experiences in the family, and interactions at school are important to building autonomy, trust, and a sense of competence.

5. Medicalization

According to Foucault (2001), medicalization is linked to a form of medicine that, backed by the authority of scientific discourse, makes society an object of control and sanitation. It disciplines bodies and extends its intervention to regulate individual behaviors and ways of life, constituting what Foucault calls biopower, that is, the exercise of power over people's lives.

For Illich (1975), one of the major contemporary epidemics is medical iatrogenesis, which arises when medicine oversteps its bounds and causes harm. He criticizes the excessive presence of medicine in society and argues that medicalization can deprive people of the autonomy to make decisions about their own health and lives. Physicians' technical knowledge gains prominence while individuals' capacity to choose can diminish as their decisions and lives are increasingly shaped by advice from health professionals.

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Conrad (1992) understands medicalization as a complex process extending beyond the influence of physicians. It involves different people and social factors, and individuals themselves participate actively in it.

The pharmaceutical industry now exerts considerable influence over the production of medical knowledge, especially by funding scientific research. Since companies have commercial interests, some studies may align with their own objectives. This can also affect how findings are disseminated and give certain studies and information about medicines greater circulation in scientific settings (Angell, 2008). To increase consumption of its products, the industry also targets healthy people, contributing to greater medication use in the population.

From the perspective of phenomenological psychopathology, a psychological or psychosomatic symptom may express experiences and meanings that sometimes have no other way of appearing in the subject's life. Distress is understood in relation to lived experience and exceeds an organic change or a set of classifiable signs. The critique of medicalization here concerns the risk that assigning suffering exclusively to objective categories can obscure existential meanings expressed through embodiment. As Santos, Silva Júnior, and Fontenelle (2018, p. 241) discuss:

> Medicalization operates in the opposite direction: its purpose is to prevent this figuration. Its principle is never to allow things to emerge from anonymity as regards the body and emotions. In this case, existence would have to remain entirely anonymous to itself, intoxicated. Yet as a subject of perception and expression, the body will always find a way to bring the roots of its suffering to light. When we return to the originality of the body as expression, we find in it its phenomenal reality.

This understanding is grounded in Merleau-Ponty's phenomenology. For him, the body cannot be conceived exclusively as a physiological object because it is the fundamental condition of experience and of the subject's relationship with the world. As he puts it, "the body is our general means of having a world" (Merleau-Ponty, 1999, p. 203). The body is thus the corporeal dimension through which the subject perceives, feels, acts, and expresses existence, beyond being something the subject possesses. Psychological and psychosomatic phenomena can therefore be investigated with embodiment understood as a constitutive dimension of subjective experience.

A system of motor or perceptual powers, our body is no object for an "I think": it is a set of lived meanings moving toward equilibrium. (Merleau-Ponty, 1999, p. 212).

This understanding recognizes the organic dimension of illness as well as the role of the lived body in constituting the meanings attributed to suffering. When medicalization confines

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the experience of illness to identifying and controlling symptoms, it may relegate the existential and subjective dimensions of bodily experience to the background.

Bringing these contributions together deepens the discussion of early diagnosis in childhood. Early diagnosis means identifying a condition at an early stage of its development or manifestations after appropriate investigation. It is important to distinguish it from simply observing behavior that differs from expectations for a given age group, since a single manifestation is insufficient on its own to establish a diagnosis. Early identification of some conditions may be necessary to allow timely access to care, specialist follow-up, and interventions suited to a child's needs. The importance of early identification still calls for careful evaluation of the signs, including the developmental history, persistence of manifestations, different settings in which they occur, and effects on the child's life.

Early diagnosis plays an important role in identifying conditions that may require specialist follow-up during childhood. When it is linked to medicalization, how children's behaviors are interpreted and classified requires critical reflection. The Psitto article "Early Diagnoses: Why They Matter for Physical and Mental Health" discusses the value of recognizing signs and symptoms early, highlighting opportunities for timely intervention and appropriate follow-up. For child development, this discussion requires considering restlessness, attention difficulties, mood changes, and challenges with social interaction in light of a child's history, relationships, and living circumstances.

6. Medicalization and its impact on childhood

In considering childhood medicalization, it is necessary to question the tendency to interpret children's behavior using generalized developmental standards and expectations set by adults. In Merleau-Ponty's phenomenological perspective (2001/2006), children experience and understand the world in distinctive ways, according to their possibilities for experience and relationships with their surroundings. When adults anticipate responses, demand certain behaviors, or assign meanings to children's manifestations without considering their context, individual differences can become problems said to require intervention. This perspective raises questions about medicalizing practices that classify behaviors as inappropriate or pathological without adequately considering the child's subjective experience. It recognizes the importance of adult participation and intervention when appropriate, while requiring care to account for the uniqueness of child development and to avoid both rigid standards and a lack of guidance.

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Child development takes place in relationships with others and with the sociocultural context. It is therefore essential to consider adults' role alongside children's autonomy and particularities. This understanding invites critical reflection on medicalization, especially when adult expectations and social norms govern the interpretation of children's experience rigidly. Treating behavior that diverges from expectations as an immediate sign of abnormality risks overlooking the conditions under which it appears and what it means to the child. Recognizing children's individuality still allows adult guidance and follow-up through relationships that provide support without imposing uniform ways of being and acting (Merleau-Ponty, 2001/2006).

Under the logic of medicalization, human diversity can be understood in terms of illnesses or disorders. For children, this has led to medical explanations for learning difficulties, so that situations with other possible causes are interpreted as health problems. Referrals of children to mental health services for issues of a social nature have increased. At the same time, psychotropic medication use among children has grown, contributing to the pharmaceutical industry's participation and influence in medicalization (Sanches and Amarante, 2014).

Schools are a significant part of children's lives and are also involved in medicalization. The pediatrician and researcher Maria Aparecida Affonso Moysés (2001) points out that it is evident when children's learning difficulties are understood mainly from a medical perspective. Under this logic, difficulty learning can be interpreted as an individual problem or illness, while less attention is paid to the education system and the conditions in which teaching occurs.

Moysés (2001) calls this the medicalization of school failure, since an issue of a social and educational nature is treated as essentially medical. Both school failure and learning itself, according to Moysés, have increasingly been subject to medical interpretations. Medicalization occurs when social and human situations are turned into biological issues, reducing complex problems to explanations based on the functioning of the organism. Moysés argues that the process can also erase subjectivity, leading the person to be seen as passive and outside their context rather than in their complexity.

In "Study of the Process of Medicalization of Children in the Field of Mental Health," Sanches and Amarante (2014) discuss how the medicalization of school failure reinforces the notion that children's difficulties belong exclusively to them and follow from an illness or disorder. This view strengthens a broad market for specialized services spurred by school referrals. Children may undergo multiple examinations, assessments, and tests until a possible explanation for their difficulties is found. An important question in analyzing school

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medicalization concerns the tendency to assume a neurological disorder when thinking about a restless child, irrespective of whether a disease is actually present.

A 2008 study at the Germano Sinval Faria School Health Center in Manguinhos identified processes of medicalization throughout children's trajectories, from identifying behavior as problematic to turning it into a medical or psychological issue. The research examined the stages of medicalization, the professionals involved, and how children's social, cultural, and daily lives are considered in referrals, treatments, and health services. The fieldwork confirmed the presence of medicalization in everyday life and showed that different aspects of child development can be interpreted and treated as health problems or illnesses. Shyness, restlessness, and sadness were viewed as illnesses. In cases of restlessness, there was also a tendency to classify children as having attention-deficit/hyperactivity disorder (ADHD). Medication use emerged as a concern when it moved beyond care or relief for children and became a means of control for those around them through the possibility of chemical restraint.

The conception of the body as a machine, which Merleau-Ponty (2004) criticizes, invites a reading of pathology as a simple deficit or departure from normal functioning. Santos, Silva Júnior, and Fontenelle (2018) note that in this framework, children, older people, and people in distress are assessed in terms of the distance between their performance and that of a healthy adult, at the expense of how they live in their own right. This helps explain the growing pathologization of childhood. Children tend to be seen as pathological when they show resistance, delay, disinterest, or difficulty conforming to the productive norms of adult life. Being healthy then comes to mean leaving childhood early and becoming useful. Under this logic, development risks being seen as a set of milestones to meet, with deviations from expectations interpreted as deficits. The question is how far early diagnosis, in seeking to detect deviation sooner, reproduces comparison with adult standards and overlooks the ways of existing that children already make for themselves in the world.

The phenomenological-existential perspective, drawing on Goldstein (1934/2000) and Merleau-Ponty (1942/2006; 1945/2011), proposes assessing the person's new ways of existing and the broader meaning of their conduct alongside any functions they lack. Understanding the body through its meanings requires mental health treatment to prioritize listening as well as symptom relief. The classical explanation in psychopathology treats the body as an object, a body in itself, and fails to recognize it as a perceiving body and subject.

According to Ponty (1945/2011), the body both translates and produces events. Treating it as a mere translator amounts to seeing it as an instrumental organ and ignores its intentionality

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and capacity to produce sensations. Recognizing the expressive nature of the body means understanding that physiological events are part of the movement through which the subject expresses themselves in relation to the world and others, independent of physiological science.

7. Conclusion

The literature review concludes that the phenomenological-existential approach recognizes the importance of assessments, diagnoses, and professional interventions when they are necessary for child development. Its contribution is to question how these processes are carried out and the meanings they acquire in children's lives. Early diagnosis can facilitate access to specialized care, guide interventions, and enable monitoring of conditions requiring attention. When hastily established, divorced from context, or based solely on isolated behaviors, it can foster medicalization, produce stigma, and reduce the child to an assigned diagnostic category.

The contributions of Husserl, Heidegger, Binswanger, and Merleau-Ponty provide foundations for a broader understanding of childhood. Phenomenology's suspension of prior judgments encourages listening that is less constrained by diagnostic expectations. Understanding the human being as being-in-the-world shows that children's behavior is inseparable from the relationships and circumstances in which it appears. Existential analysis helps understand distress as an expression of a unique way of existing. Attention to the lived body shows that bodily, emotional, and behavioral expressions also have meanings linked to the child's experience.

The study also connected childhood medicalization to the pathologization of behaviors, school difficulties, and diverse ways of existing. Social, educational, family, and cultural issues can be turned into individual problems and explained mainly by medical categories. At school this happens especially when learning difficulties or behaviors that diverge from institutional expectations are attributed exclusively to the child, relegating teaching conditions, pedagogical practices, school relationships, and social inequalities to the background.

The studies also show that medicalization extends beyond medication use. It is a broader process through which human experiences are interpreted and managed mainly through medical language. Psychotropic drugs are especially concerning when used to restrain or modify behavior without adequate inquiry into the causes and meanings of what children are expressing. The critique of medicalization should still allow for pharmacological treatment,

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which can be necessary and beneficial in some situations as part of responsible and individualized care grounded in careful assessment.

The effects of early diagnosis on development depend on how the diagnosis is formulated, communicated, and used. As a provisional guide to care, it can facilitate access to rights, resources, professional follow-up, and appropriate interventions. When it defines a child's identity, predetermines their possibilities, or justifies normalization, it can limit autonomy, produce stigma, and cause the child's actions to be interpreted exclusively through the diagnosed disorder. It is therefore necessary to continue recognizing the child as a whole person beyond a clinical classification.

The principal contribution of the phenomenological-existential approach is thus its defense of an understanding of childhood that precedes and goes beyond diagnostic classification. Diagnosis may form part of care, while understanding the child, their history, and their existential context remains essential. The challenge is to build practices that avoid both pathologizing differences and neglecting genuine follow-up needs. It is then possible to identify responsibly conditions that require intervention while listening to the singular child as a subject whose experiences, relationships, and possibilities extend beyond a diagnosis.

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