

## SCHOOL FAILURE AND MEDICALIZATION

### FRACASSO ESCOLAR E MEDICALIZAÇÃO

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**ABSTRACT:** The article seeks a reflective analysis about the problem that presents itself in Basic Education in face of the learning problems that some children have. Inadequate responses on the part of students to pre-established standards at school, regarding content and methodological procedures, make them to be considered students with learning difficulties, culminating in school failure and incessant search for diagnoses in the medical field. Professional performance in face of the indicated situations was experienced as a school failure, which was revealed by the numerous referrals of students to medical care, to the Municipal Center for Assessment and Special Education, in the municipality of Fazenda Rio Grande, Paraná.

**KEYWORDS:** School failure. Mediation. Learning. Medicalization.

**RESUMO:** No artigo busca-se uma breve análise acerca do fracasso escolar e processos de medicalização que ocorrem na Educação Básica frente aos problemas de aprendizagem que algumas crianças apresentam. As respostas inadequadas por parte dos alunos aos padrões preestabelecidos na escola, no que se refere a conteúdos e procedimentos metodológicos, os consideram alunos com dificuldades de aprendizagem, culminando em fracasso escolar e busca incessante por diagnósticos da área médica. A atuação profissional frente às situações indicadas foi vivenciada como fracasso escolar revelado pelos inúmeros encaminhamentos de alunos ao Centro Municipal de Avaliação e Educação Especial, do município de Fazenda Rio Grande, Paraná, à área médica.

**PALAVRAS-CHAVE:** Fracasso escolar. Mediação. Aprendizagem. Medicalização.

**RESUMEN:** El artículo busca un análisis reflexivo sobre el problema que se presenta en la Educación Básica ante los problemas de aprendizaje que tienen algunos niños. Las respuestas inadecuadas por parte de los estudiantes a los estándares preestablecidos en la escuela, con respecto al contenido y los procedimientos metodológicos, los consideran

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*estudiantes con dificultades de aprendizaje, que culminan en el fracaso escolar y la búsqueda incesante de diagnósticos en el campo médico. El desempeño profesional ante las situaciones indicadas se experimentó como un fracaso escolar revelado por las numerosas referencias de estudiantes al Centro Municipal de Evaluación y Educación Especial, en el municipio de Fazenda Río Grande, Paraná, al campo médico.*

**PALABRAS-CLAVE:** *Fracaso escolar. Mediación. Aprendizaje. Medicalización.*

## **Introduction**

The objective of this work is to carry out a brief reflection on school failure and medicalization processes that are established in the presence of supposed learning difficulties presented by some children.

The failure may be due to inadequate responses by students to the standards established by the school, with regard to content and methodological procedures that, to a large extent, occur in a linear fashion, and make certain students unable to learn and consider them students with learning difficulties, culminating in school failure and relentless search for medical diagnoses.

Not infrequently, children who show learning difficulties are referred to the psychoeducational and even neurological assessment process. However, in the same proportion of the referrals are the technical responses, which indicate the inability regarding the educational demands presented by these children and the consequent indication of medications, among other therapies.

Notably, in view of the wide progress and diffusion of medicalization processes, there is an evident excess in the search for reports, therapeutic and medication treatments, which substantiates the process as an explanatory way for the supposed not- learning.

Studies on this theme have been highlighted since the 1980s and have been developing, in the school context, with a strong discourse based on learning problems related to behavioral areas, attention, reading, writing, calculus, among other problems that are often mistakenly called “Attention Deficit Hyperactivity Disorder (ADHD) and Dyslexia”, both of which are the most common in school settings (VIÉGAS *et al.*, 2014).

In Pato's analyzes (2008, p. 61, our translation), “[...] the first specialists who dealt with cases of school learning difficulties were doctors”, between the 18th and 19th centuries, with the medical area in full development and with the emergence of learning problems, in which [...] “children who do not keep up with their colleagues in school learning started to be

designated as abnormal and the causes of their failure sought in some organic abnormality” (p. 65, our translation).

The issue of school failure, despite having remote origins, is still present in Basic Education today and, according to Zago (2011), although the term school failure refers to the condition of failure of the subject, its definition is imprecise. In this context, this author also points out that school failure is usually,

[...] evoked to indicate low student performance, insufficient acquisition of knowledge and skills, lag in the age-grade relationship, failure, repetition, school interruption without obtaining a certificate, among other designations with negative connotations (ZAGO, 2011, p. 58, our translation).

However, according to weights, school failure can be considered from several biases, being possible the bias related to students and family, the teacher, the school system or the social organization itself. We emphasize that, in this text, issues related to the student, the teacher and the school will be worked on.

That said, it should be noted that Brazilian education, historically, has presented some failure in reaching the objectives proposed in public policies directed to education. The fact is that, in a recurring way, the expression “school failure” has been used to designate the chronic educational problem, and, at the same time, outlines representational forms on the theme referring to the students’ “poor school performance” (COLLARES; MOYSÉS, 2014, p. 47).

Thus, questions that may arise from a broader order are reduced to individual characteristics, which is defined as biological reductionism. The individual would be the one and only responsible for his/her destiny, while the socio-political, economic and historical system does not participate in this process, leaving to the school and teachers, without generalizations, the referral of students, under these conditions, to processes of psychoeducational evaluation and medical professionals.

In this context, it becomes evident what can be defined as medicalization of school failure, which for Collares and Moysés (2014, p. 25, our translation) is shown as the “[...] process of transforming non-medical issues, eminently of social and political origin, in medical matters [...]”.

Medicalization focus the burden of failure only on the student and, in this context, medical support substantiates the condition of failure and, consequently, “biological, organicist approach” (COLLARES; MOYSÉS, 1996, p. 25), in the case of a process of “medicalization of life” (UNTOIGLICH, 2014, p. 23, our translation).

In this line, Moysés and Collares (2014) clarify that the medicalization process begins when we transform socially constructed characteristics, and that for some reason they do not fit the established pattern, in biological characteristics, in diseases and pathologies. In the same measure, Untoiglich (2014) clarifies that pathologizing would be the action of transforming human characteristics into a disease, emphasizing that the pathologization process in the health field follows some steps, such as: the search for a cause; the institution of a normality paradigm; categorization of problems; and the definition of the subject's life through this categorization.

Currently, the process of medicalization of education is similar to the process of biologization of education, being, however, used more widely, characterized by an emphasis on medical practice and made almost, basically, by this (COLLARES; MOYSÉS, 1996).

Historically, the medicalization process has been in charge of "persecuting" and "condemning" those who deviated from the norms dictated by a dominant elite in each context. This procedure also reveals the importance of observing, monitoring and intervening in order to eliminate factors that, also, could compromise learning, noting that these factors often refer to the absence of adequate pedagogical mediation which, consequently, "pushed" students towards a pseudo-history of disability, in the expectation of diagnosis and medicalization, that is, it was in charge of instilling in the student the burden of failure.

Likewise, most cases of referrals to psychoeducational assessment processes or even to medical professionals rest on the encouragement that school failure is the result of the inability to learn, lack of attention, irritability, indiscipline, hyperactivity, lack, immaturity, slowness and other labels that define the student who does not learn. In summary, they hold the student responsible and condition them, most of the time, to drug interventions.

### **School failure and medicalization: a necessary reflection**

In the historical context of the school itself, the ideal of a school for all, contradictorily, moves towards a school practiced by a few. The imaginary that legitimizes a school that emancipates cohabits with the scenario of a school that excludes, while the school failure of countless students imposes on them the condition of being excluded from a school that is supposed to be for everyone.

The fact is that there is still a glimpse of a school ideal linked to a high rate of school failure. In other words, having the right to enter school guaranteed by the law did not mean education for everyone, as repetition and dropout are part of the routine of school institutions.

Everyone has his own way and is at the mercy of the influences of the environment, in addition to the unique way in which each reacts to the world and to life. Outside school, society reflects social prejudices, and within it, it inserts elaborate prejudices that determine linguistic, cultural and intellectual factors. Even in the case of complex constructions such as biological deficiencies, the child will rarely be prevented from any form of development. As Leontiev (2006, p. 66, our translation) stated, “[...] time passes, and the child's knowledge increases. Their capacities become greater”.

The child's knowledge, that is, his interpretation of the phenomena of reality, occurs in connection with his activity. At each stage of his development, the child is limited by the circle of his activities, which, in turn, depends on the main relationship, which is precisely the reason that this activity also characterizes this stage as a whole (LEONTIEV, 2006). According to the aforementioned author, the child's knowledge depends on his relationship with the environment. Thus, the development of the school is the student's own development, from the daycare center stage, which includes the child from 0 to 3 years old.

In the context of difficulties, the child is put into countless evaluative processes to discover the student's learning problem, and what is found as a result is the desire to arrive at a coherent thought to perceive the student as “disabled”, which leads to question what would be coherence for this school?

The idea of coherence, for the school, is based on equal principles for everyone, where heterogeneity predominantly prevails, because equality does not fit in this space, since in the process of learning people are different. It is from this condition of differences to learn that many questions are put on screen, such as those proposed by Cagliari (1997, p. 202, our translation), when he pointed out, “[...] how skillful and intelligent children are in games! But they do not learn spelling and math. Is it because of them or because of the way spelling and math are taught in school?”.

All mistakes made by the child have an explanation and must be understood by the teacher. The school is wrong to think that a needy or underprivileged child proves their deficit, or when using their poor language, they demonstrate some cognitive difficulty. It is a fact that we are the result of the environment in which we live socially. There are influences that come from the community where you live or from the neighborhood where you are born and grow up. Material conditions do not affect the quality of mental structures, nor linguistic competence or the manipulation of thought as a cognitive faculty (CAGLIARI, 1997, p. 213), but the interactions made possible or not by the environment, in this case the school, in front of objects knowledge can promote or hinder the development of children's skills. Everyone

has learning difficulties, for various reasons, but in the school phase, school practices show, in various situations, conclusions and unsubstantiated analyzes, and the space that would be used to promote development ends up imprisoning intelligences and limiting competences (CAGLIARI, 1997).

According to Patto (2010), school failure is ingrained in the Brazilian public school and, throughout its history, the methodologies implemented have been unsuccessful attempts. They are based on myths structured in school environments that, instead of solving, create prejudices as to why this or that, trying to justify the reasons for failure.

Along the same lines, Saviani confirms the need to be clear about social determinants and the extent to which society's contradictions impact education, “[...] to clearly perceive which direction the educational issue should be taken” (SAVIANI, 2011, p. 103, our translation). The author also states that a pedagogy based on dialogue can transform the student-teacher relationship into a relationship where both understand each other, thus extinguishing the teacher's power over the student. There is also a need to exclude banking education, which is an education concerned with depositing knowledge in the student, without any participation in the construction of this transferred knowledge. For the author, it is important that the educator does not adapt the student to the world, but rather prepares him to live in it.

Still on the construction of school failure within the school itself, Soares (2017) presents important contributions in the text published in the blog of the publishing house Contexto, in February 2017, under the title *O fracasso da/na escola: uma escola para o povo ou contra o povo?* (The failure of/at school: a school for the people or against the people?). In this text, the author lists aspects already mentioned in previous production (SOARES, 1997), in which she pointed aspects that explained the contradiction placed in a school that would be for the people, but has acted against the people, stating three explanations. “A first explanation: the gift's ideology; A second explanation: the ideology of cultural deficiency; A third explanation: the ideology of cultural differences” (SOARES, 2017). In line with the explanations for school failure, the author points out the role of language, confirming that the ideology of cultural disability is anchored in the argument of “linguistic disability”; it has even been suggested that there is a “theory of linguistic deficiency”, which would explain the school failure of the popular strata.

The ideology of cultural differences, according to the author, has its main support in Sociolinguistics studies on the language of the popular strata, which she claims to be different from the socially prestigious language, but neither inferior nor deficient; it is these studies that



constitute the main foundation for testing the ideology of cultural and linguistic disabilities. For the author, language is also the most relevant factor in explaining the school failure of the popular strata. The use of language at school, a space of heterogeneity of different social groups, generates discrimination and failure, because socially and school-stigmatized linguistic variants provoke linguistic prejudices and lead to learning difficulties, since the school uses and wants to see the socially prestigious language variant used. Production is much more of failure than success, treating some better than others and convincing those who fail that they fail because they are inferior. However, research has shown that in many cases the difficulties are due to the absence of adequate pedagogical mediation, as is also observed in many students referred to evaluation processes. In the eagerness for a medical report or even for drug interventions, the school ends up leaving the child on the sidelines, waiting for the technical justifications to justify the non-pedagogical intervention.

In his analysis, Patto (2010) indicates that the myths that legitimize this failure are argumentative responses from teachers, referring that the needy child does not learn and that teachers are poorly prepared, discouraged, without motivation or willingness to face the problems of the profession. These explanations only end up producing an even greater failure of the school itself, which should serve to apply knowledge in the formation of citizens.

In addition to these notes, there are more recent phenomena that permeate the issue of medicalization processes of school failure. Not infrequently, the child who does not learn does not cease to be a child and act like a child, so, if he is not understanding what the teacher presents to him, it is common that he is not interested in school tasks, driving the creation of labels, as undisciplined, inattentive, busy, lazy, among many others.

The most pronounced manifestation of inattention and even the agitation produced a category of students indicated as hyperactive or dyslexic when they manifest an impossibility to read, write and understand how the school expects. Whether in one definition or another, the student is once again given responsibility for his failure and, consequently, referred to medicalization processes. In this sense, Guarido and Voltolini (2009, p. 241, our translation) report that:

Medicalization is a phenomenon that has traditionally had the general meaning of reducing socio-political issues to issues of a private, individual nature. Furthermore, if the object of medicine was, up to a certain point in history, almost exclusively the investigation of diseases, their causes and their therapies, medicalizing a phenomenon or event meant pathologizing it. In general, the criticism directed by several authors to medicalization concerns the reduction of broad issues - which would involve in its analysis, several disciplines (sociology, anthropology, psychology, economics,

political sciences, history, medicine etc.) - to a single disciplinary methodological domain: medicine.

Sometimes, the use of medication contributes to the perpetuation of school failure, as it contributes to the suppression of broader social problems and exposes the child to unnecessary side effects. These drugs provide the child with the sensation of anesthesia, as if they are living mechanically, without being aware of their actions. In addition, it is worth mentioning with Moysés and Collares (2011), that the diagnosis of the disorder when not performed correctly (without the real need), based only on small reports and superficial evaluations, can incur profound damage to the child, generating exclusion.

As seen so far, ideology and myths legitimize school failure and place blame for the failure on the subject. For the most part, the fault of school failure lies with the child who is not interested and does not take advantage of the opportunities given to him by his parents and the school. Anyway, under this logic they will always be guilty!

However, in relation to learning, psychology teaches that there is a factor coming from the subject himself, but a large part of the motivations for learning come from the environment, that is, the family and the school have an important role in the learning process and can boost both the failure as to success.

From the point of view of most teachers, the ideologies and myths that consolidate school failure are, of course, derived from “psychological immaturity”, which results from difficulties and personal conflicts experienced and faced by the child, with repercussions on learning. Which only reinforces that the child does not value the opportunities offered by the school. These considerations about the problems attributed to the child have contributed to perpetuate school failure.

Several factors as already mentioned can contribute to failure, family factors, of the school, the teacher, however, as the focus of this text is the production of school failure, it cannot be disregarded that,

Knowing how to teach is not transferring knowledge but creating the possibilities for your own production or construction. When I enter a classroom, I must be a being open to questions, curiosity, students' questions, their inhibitions; a critical and inquiring being, restless in the face of the task I have - teaching and not transferring knowledge (FREIRE, 2011, p. 47, our translation).

The master contributes to the understanding of the issue of school failure by questioning the so-called banking pedagogy in which the student acts as a receptacle, articulating this to the factors that contribute to the production of school failure. It remains to



be noted that each of the segments involved is to blame. In other words, it is a set of factors that accumulate and give legitimacy to the condition of school failure.

However, considering the social role and its alleged willingness to socialize content that is not in all institutions, but only at school, it must be said that the school is the main responsible, because it has this task and needs teachers and a pedagogical team that learns to include its students, without labels or exclusion, and to teach everyone, considering their specificities in the learning process, specificities that cannot, beforehand, be labeled as learning difficulties, without a deep and due analysis of the multiplicity of factors involved in such difficulties.

### **Failure, medicalization, pedagogical mediation: experience report**

Present the experience report as a case study, interesting so that one can contribute to the previous discussion, which presents the assessment, use of medication and diagnosis of ADHD for Dyscalculia. The narration is a case involving a 13-year-old student from the 6th grade of elementary school. She was referred for neurological assessment because she had a learning disability, having failed for two years.

The neurologist who attends public school students in the city of Curitiba, Paraná, made an initial neurological assessment in which the suggestive diagnosis was ADHD, and drug therapy with long-acting methylphenidate at a dose of 36mg/morning was started. Within a month of using the medication, the side effects became intolerable, especially nausea, without the beneficial effects of the treatment having been noticed. The neurologist then chose to change the medication, starting with Lis-dexamphetamine 30mg/day. Again the side effects prevented the medication from being maintained.

Based on these facts, the doctor recommended a neuropsychological assessment of the teenager to the family. A professional with a background in psychology and neurology made a psychological assessment, which demonstrated that the problem of the student was due to a deficit in logical-mathematical thinking, characterizing dyscalculia, with great impairment in mathematical reasoning. Therefore, it was not a case of medication, but of a monitoring of cognition and learning by the school, which chose to individualize the learning process. A teacher, from the resource room, started to use a more constructivist approach in teaching mathematics, where many didactic materials were made available. In this way, the student started to have a better school performance, without needing the use of medicines. It was enough for the school to look at the student and recognize her needs and particularities.

Notably, in this report it is possible to verify that the condition of “failure” presented imposed the referral to the medical area, without there being an effective dialogue between professionals from different areas of knowledge: the teacher, the psychologist and the neurologist, together with the family, so that the non-learning to medicalization was not carried out. According to Souza (2011), there seems to be a shift from the pedagogical problem to a biological problem in the child, to correct and bring to a certain normality those considered abnormal, or better, those that do not fit, mainly, the school precepts.

The school failure presented is considered as a certain inadequacy to the schooling process, it indicates that something of concern has happened, when it comes to tackling the problem of non-learning, confirming the trend in the search for a biological diagnosis, which is currently called by the academic medium as medicalization of school failure. According to Meira (2012, p. 136, our translation), medicalization is “[...] the process through which problems that are part of the daily life of individuals are moved to the medical field”.

This process becomes the guiding principle of schoolwork, without taking into account its social and cultural environment, time and space. It is a look that turns to the child's possible subjective faults and not to the possibilities in the schooling process. Diversity does not find space in an environment with such a constructed conception and reinforces the ideologies pointed out by Soares (2017).

According to the theoretical assumptions, the medicalization of school failure reduces the problem of not learning to just one aspect of life, that is, to what is missing and that somehow needs to be corrected.

School failure treated as a pathology and/or diagnosed as some type of disorder, as can be seen in Sofia's report, seems to cease to be a school responsibility and becomes a medical responsibility, subject to drug treatment and perhaps a cure.

There is no denying that there are students who really have some kind of disorder and may even demand drug interactions, but as can be seen from Sofia's report, it is not a rule and, as explicit in the report itself, the greater sensitivity from the school contributed so that the failure situation could be changed.

It is important to highlight that, in making these analyzes, school failure is not being referred to as a problem for the school itself, as it is necessary to consider that a broader look is needed for the problem itself, beyond the school institution, since neither school and neither the student are immune to historical, social, political and economic dictates, noting that,

[...] if there are no real medical causes for school failure, what is observed is the artificial construction of these causes. Construction of false relationships between “disease” and not learning, or, more sophisticatedly, the very construction of *nosological entities*, now called “disorders”, “dysfunctions” etc., but always without losing the connotation of biological disease, centered on the individual (MOYSÉS, 1992, p. 30, our translation).

The challenge in dealing with the issues of school failure, which is still present in Brazilian schools, is to focus on broader targets and, above all, not to reduce them only to the child, as medicalization, in its biologicist face, seeks to naturalize and reduce all social and cultural phenomena to biological characteristics, that is, the solution to problems of this order would be only in the medical field, in a perspective of cure for the situation presented, even if this cure does not mean changing the child's learning condition, because what is convenient in this practice is to have a technical argument that explains to the child, the family and the school itself the reason for not learning.

In this context, the discussions raised here corroborate the fact that the medicalizing position in the face of school failure comprises only the biological factor as preponderant in development, discards important factors that condition everyday life and the human being itself.

Breaking with the medicalizing view of school failure requires looking at the important theoretical contributions that deal with human development and learning, situating them as complex issues made up of different elements and the implication of this in students' school development.

## Final considerations

This research contributed to the understanding that school failure must be seen from a panorama of totality, including its innumerable determinants, as its production takes place in the midst of social relations established by society, school, student, family, pedagogical practice and educational policies.

It was also noted that it is of the utmost importance to take into account the cultural diversity of the students, giving due importance to all their knowledge as the first starting point for the educational process.

Education, at school, is a social phenomenon and happens through other relationships. Thus, even if the school does not transform, it interferes in society, as it is in it that exclusion is structured.

Given this, what the school needs is to be different, paying attention to learning and not only to grades, thus enabling the construction of knowledge without considering it as something ready and immutable.

The research showed that the search for culprits generally imposes the burden of failure on students and becomes dangerous in a society where inequalities, in the most diverse dimensions, are so striking and affect a large part of the Brazilian population.

These unequal conditions impact the child's learning process, but they should, on the other hand, also impact school practices, enabling the formation of a more human and less passive student, aware of the unequal conditions in which they live, but critical and persistent in the search for new alternatives, which include access to human knowledge.

It is essential to look at school failure to overcome it and not to find more reasons for its existence. Rethinking its myths, its real causes, each with their own responsibility, seeking solutions and real action plans to combat the failure that affects countless students, is gaining ground and becoming natural.

The research also highlighted the need for continuing and more comprehensive formation, so that the teacher can make less restrictive readings on school failure.

Finally, this analysis allowed the understanding that social labels and stigmas are created and perpetuated in the school itself. In addition, it enabled the understanding that the attribution of labels contributes significantly to the child internalizing the condition of failure, taking all the responsibility to himself, feeling like a subject unable to learn.

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