

PATHOLOGIZING DISCOURSE: THE STUDENT SUBJECT AS THE ORIGIN AND THE CAUSE OF SCHOOL FAILURE

DISCURSO PATOLOGIZANTE: O SUJEITO-ALUNO COMO ORIGEM E CAUSA DO FRACASSO ESCOLAR

DISCURSO DE PATOLOGIZACIÓN: EL SUJETO-ESTUDIANTE COMO ORIGEN Y CAUSA DEL FRACASO ESCOLAR

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ABSTRACT: The present study, anchored in the Discourse Analysis based in Pêcheux, reflects about the production of meanings about the writing and the school subject from the perspective of the pedagogical discourse. Result of doctoral research developed with municipal public schools' teachers of Curitiba (PR), this article aims to discuss how the medical discourse, especially aspects related to pathologization, produce meanings about the field of pedagogical discourse and, thus, contribute to school failure. From the analysis of discursive sequences, it is argued that, in pedagogical discourse, the school failure is related to student pathologization processes.

KEYWORDS: Writing. Pedagogical discourse. Pathologization. Medicalization of education. Literacy.

RESUMO: Este estudo, ancorado na Análise de Discurso de filiação pêcheuxtiana, reflete acerca da produção de sentidos sobre a escrita e o sujeito escolar a partir do olhar do discurso pedagógico. Resultado de pesquisa de doutorado desenvolvida junto a professores da rede pública municipal de Curitiba (PR), este artigo objetiva discutir como a discursividade médica, especialmente aspectos relacionados à patologização, produz sentidos sobre o campo do discurso pedagógico e, assim, concorre para o fracasso escolar. A partir da análise de sequências discursivas, discute-se que, no discurso pedagógico, o fracasso escolar está relacionado a processos de patologização do aluno.

PALAVRAS-CHAVE: Escrita. Discurso pedagógico. Patologização. Medicalização da educação. Alfabetização.

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RESUMEN: *En el presente estudio, con origen teórico en el Análisis del Discurso de orientación francesa, nos dedicamos a pensar acerca de la escritura y el sujeto escolar por medio de la perspectiva del discurso pedagógico. Resultado de una investigación doctoral desarrollada con profesores de la educación pública de la municipalidad de Curitiba (Paraná), este artículo tiene como objetivo discutir de cuál modo la discursividad médica, especialmente aspectos relacionados con la patologización, produce efectos de sentidos sobre el campo del discurso pedagógico y, así, resulta en el fracaso escolar. A partir del análisis de secuencias discursivas, se argumenta que, en el discurso pedagógico, el fracaso escolar está relacionado con los procesos de patologización de los estudiantes.*

PALABRAS CLAVE: *Escritura. Discurso pedagógico. Patologización. Medicalización de la educación. Alfabetización.*

Introduction

In this article we bring the proposal to discuss the effects of the pathologization meaning from the pedagogical discourse. For that, we used the theoretical apparatus of Discourse Analysis (DA) of French affiliation. In 1975 (in first edition) Michel Pêcheux and Catherine Fuchs (2010) organized an epistemological framework for DA thinking historical materialism as a theory of social formations, linguistics as a theory of syntactic and enunciative mechanisms and the theory of discourse as a theory that articulates history and semantic processes, fields crossed by the order of the subject of the unconscious. The presentation of this, which is classically known as the 'tripod of DA', has nodal implications for the constitution of the theory, given that it was established in the midst of different fields of knowledge. And, above all, it was placed in that interval place in the condition of questioning, since it called into question the relations between these theories from the contradictory way in which they took their objects of knowledge and also from the way in which they wove the bond with each other. As Pêcheux (2010) asserted, DA was not proposed as a fourth trend, as a 'methodological addition', but as a place and space for interpretation, and in which inevitably the order of contradiction emerges.

For the contours of this study, we mobilized some notions within the theoretical-methodological framework of DA, it is important to say, right from the start, that in this field of studies, theory and analysis are mutually constituted, once the contact with the corpus and its respective montage, which is also a reading gesture by the analyst, produces determinations about the theoretical notions that will be mobilized throughout the study. This process generates, therefore, a dialectical coming and going between theory and analysis, in such a way that there is no ready format to be applied to the data, but a construct, also derived from the

production conditions of the research itself, which will be below. We emphasize, beforehand, that some basic notions were mobilized to think of larger categories, among which stand out those of subject, form-subject and discursive formation (DF) linked to the domain of history.

In short, the subject in DA is understood as the one who utters statements from a time/space, historically located and fundamentally marked by ideology. The subject is also marked by his relations with other discourses and with other subjects, constituting himself in the interactions. In other words, the subject is constituted in the discourse. There is no speech without a subject, but he is not "free" to say anything, as he integrates the ideological functioning in such a way that it becomes impossible to move away from speech and ideology. The subjects enroll in discursive positions in different ways, through identification processes. The process of identifying the subject to the DF in which he subscribes constitutes the "subject-form", a notion defined by Pêcheux (2002).

A DF refers to what can and should be said from a certain ideological juncture (PÊCHEUX, 2014). The possibility of discourse occurs in the language as materiality from which the effects of meaning emanate and the place of the constitution of the senses is the DF. Another way of understanding DF is to think that words do not have meaning in themselves. The meaning is constituted from the DF to which the said word is affiliated.

The DF that interests us in this article is that of pedagogical discourse (PD). Orlandi (2006) defined some characteristics of the DF of the PD, namely: a predominantly authoritarian discourse, with containment of polysemy, 'absence' of the referent, with the erasure of the interlocutors (p. 29), with an exclusive agent, that is, in this type of speech, the utility and interest of the interlocutor are not at stake. On the contrary, the contents are presented as something that is a "must" (p. 29) know, in the imperative, and the notion of "error" (p. 29) is established. According to the author, this is because the PD intends to represent scientific knowledge, objective and homogeneous. It is an institutionalized saying that originates in the School and, in theory, exists to transmit information in a neutral way. The PD's production conditions point to the "containment of polysemy" (p. 29), that is, there is no disruption and transformation of meanings, only the "constant return to the same sedimented saying" (p. 29), represented by a single agent, the teacher, who seeks to "stop reversibility" (p. 29).

The theoretical apparatus of DA allows us to think the subject-teacher discourse from the effects of meaning that emerge from it. In this way, we are not interested in the empirical subject, but in the subject of the discourse and the possible effects of meaning that can emerge. Thus, we propose the objective of discussing the meaning processes that explain the meanings of pathologization in the pedagogical discourse.

The speeches that we bring here for discussion are part of the data set worked by one of the authors of this article in her doctoral thesis (NATAL, 2020). These speeches were produced during an interview, by signing a Free and Informed Consent Term, previously approved by the Ethics Committee on Research with Human Beings of the Health Sciences Sector at UFPR, registered under number 2802095. In total, nine teachers who taught in the elementary school grades (1st to 5th years) were interviewed during the data collection process, however, for this analysis, only six discursive sequences were selected. The interviews took place in a public school in the city of Curitiba, located in a peripheral neighborhood. The central theme revolved around issues of learning, literacy and textual production. There was audio recording so that it was possible to transcribe the data. What we present here are clippings of the speeches, which make it possible to think the meanings related to the pathologization processes. The notion of 'clipping', according to Orlandi (2006), is related to the subjectivity present in the work of the discourse analyst with what makes text, that is, with the units of meaning that, in the analyzes, are presented as discursive sequences (DS). The cut is, therefore, a discursive unit and refers to the region of meaning worked on.

As the discourse in focus in this article is the pedagogical discourse, we must keep in mind that the forms of constitution of these discourses are linked to different meanings: 'being a teacher' in the current time-space of Brazilian education, in the public school; the 'being a student' in the current time-space of the periphery, in the period of childhood diagnoses and medicalization. It is important to remember that we are not interested in discussing the ways in which the medical sciences determine a pathology and its symptoms. What interests us is the possibility of discussing the functioning of pathological discourse within the pedagogical discourse.

The meanings of pathologization in the pedagogical discourse

Before entering into the specificity of this item, it is important to consider that Education is an interdisciplinary area. The knowledge produced in it is (re)constituted in the circulation by others, such as Health, History, Sociology, or in Social Sciences in general. This interdisciplinary web converges, in the last instance, to the constitution of knowledge that make up the different teaching practices in the daily life of the school, of the classrooms. Such knowledge is related to a multifaceted nature that is characteristic of the ways in which the subject is related to the order of knowledge, equally projected in and by the school institution. If, on the one hand, this mode concerns a dimension of fragmentation, of the impossibility of

apprehending the whole, on the other hand, it concerns another dimension that is constitutive of the subject as conceived in a discursive perspective, that is, that of incompleteness. Pêcheux (2002, p. 42, our translation), in a criticism that made the useless search for univocal meanings, affirmed the need to “stop assuming that the 'things-to-know', which concern the real socio-historical, form a structural system, analogous to Galilean experimental conceptual coherence”. Now, subject and meanings are mutually constituted in their condition of becoming and, in the condition of analysts that we are, we conceive DA as a discipline of interpretation, in the confluence with other fields of knowledge, borderline, sometimes quite similar, sometimes very different. It is a discipline that does not seek, therefore, to encompass totalities, nor could it, since its foundation “acts in the contradiction of the formulations of linguistics with those of the human and social sciences” (SILVA, 2015, p. 96, our translation). It is in this sense that we bring the considerations of the area of psychoanalysis in dealing with the issue of 'pathological', that is, in the understanding of how the discourse of pathology is installed in the pedagogical discourse, as things-to-know about subjects taken in its constitutive incompleteness.

Psychoanalyst Christian Dunker (2015), in his book “*Mal-estar, sofrimento e sintoma: uma psicopatologia do Brasil entre muros*” (Malaise, suffering and symptom: a psychopathology of Brazil between walls), addresses the importance of diagnosis today. According to him, the act of 'diagnosing' is extremely valued in the current way of life in our society, so much so that public policies are increasingly based on this premise. The valuation of the diagnosis occurs in all spheres, including Education. It became extremely important to diagnose earlier and earlier and, consequently, to medicalize early. In Education, the diagnosis often serves the purpose of medicalization. This medicalizing and pathologizing reasoning is reflected in the modes of discursive functioning and emerges as a “force of law” (DUNKER, 2015, p. 20) that halts and puts subjects in treatment. Drawing a parallel with Dunker's text, the diagnosis is a way of naming the malaise related to school failure.

It would be necessary to call "diagnosis" this expansion of acts, reasoning and strategies for the political, clinical and social insertion of the diagnostic, and its consequent "force of law", capable of generating coercions, interdictions, treatments and such. In other words, a diagnosis is a local discourse plus effects, alliances and injunctions that go beyond this specific field of authority, action and influence. Therefore, the diagnostic act takes place within a system of predefined possibilities involving a system of signs, a practice of authority and a grammar of the forms of suffering that are grouped into a regular unit. Diagnosis is the condition for the possibility of diagnostic systems (DUNKER, 2015, p. 20, our translation).

What the author calls ‘diagnostic rationality’ works by recognizing and naming malaise in order to legitimize some forms of suffering and, secondarily, to define symptom forms. The diagnostic favors the recognition of disorders, while the ‘diagnosis’ produces the link between malaise, suffering and symptom.

All of this is important because the diagnostic has effects. The diagnostic of a “specific learning disorder” of the DSM-V (2014, p. 66), the “F81” (F81.0: with impaired reading; o F81.1: with impaired written expression; o F81. 2: with prejudice in mathematics; and so on), for example, will imply a change in the way of discursivizing the subject who receives it. Sometimes, the very conditions of discourse production regarding the subject will undergo changes. The school produces health referrals. The family goes looking for treatment. The diagnostic also involves economic factors: the school looks for special ways to deal with the student (reinforcement, tutoring); the family needs to deal with the costs involved in the treatment (visits to the clinical psychopedagogue, the speech therapist, the psychologist, the neurologist, etc.). As Dunker (2015, p. 21, our translation) explains, “a diagnosis is composed of the effects, the senses and the ‘re-designations’ that a diagnostic can have for a subject or a community in view of the social aspect of their pathology”.

To define the pathological it is necessary to have a diagnostic. The reverse also happens: to have a diagnostic it is necessary to define the pathological. To define the pathological it is not enough to consider its opposite, the ‘normal’. According to Caguilhem (1966), cited by Dunker (2015), the pathological approaches a way of recognizing variety, that is, recognizing differences. In this sense, the pathological can have “degrees” that make it more or less adaptive to social life. Dunker explains that

the reduction of the modalities of suffering to the same normative grammar and the uniformization of symptoms to their contemporary western form are relevant ideological processes, both because they function as a neutralization of the critical potential that psychological symptoms bring to the understanding of a given social state and because of the role that symptoms have always had to produce new modalities of social ties (DUNKER, 2015, p. 35, our translation).

We understand, therefore, that the issue of diagnosis in childhood is linked to school failure, which, in turn, is part of a whole composed of the ideological positions that regulate social functioning. If society serves the (marketing) logic of “being productive”, the school, likewise, does not exclude itself from this mode of operation and finds in the medical sciences a way to exercise its role.

The form-subject school is constituted, among other characteristics, from the identification to the DF of the PD that, in turn, maintains the forms of naming the school failure, the diagnosis, in the field of the possible to say. This school subject form is completely compatible with the individualization processes of the subject by the State. The individual is challenged as a subject by ideology and thus constitutes the form-subject-historical which, in our society, corresponds to the capitalist form-subject-historical. In other words, the individuation process that gives rise to the capitalist form-subject-historical embraces the school form-subject in such a way that the diagnostic logic of naming the malaise related to school failure falls on the 'school individual'. Thus, subject-teacher and subject-student individualize themselves from the discursivities from which the effects of the sense of 'pathology', 'disease', 'there is something wrong with this body' emanate. The subject-position assumed by the subject-teacher and the subject-student is one that supports a society based on differences (healthy versus sick) and as we know, this is an essential characteristic for capitalism.

If there is a discursive functioning that contributes to the individualization of school failure, it only exists within a social framework that gave rise to it. In other words, the pathology discourse only works in the pedagogical discourse due to the socio-historical conditions of our society, for example, the fact that the medical (and organicist) discourse has a prestigious status and an effect of authority.

There is always more diagnostics. The diagnostic logic is solid and produces segregative effects (children who do not learn). "And it is a solidity that does not melt in the air, which produces a type of conviction, of consumption practices, of authorization for chemical modulation of subjective experiences never seen [medicalization]" (DUNKER, 2015, p. 189, our translation).

According to Dunker (2015), the solidity he describes is antagonistic to what Zygmunt Bauman describes as 'liquid' (liquid modernity, liquid love, liquid life, liquid art). In this sense, there is no 'net diagnosis'.

Okay, everything liquid, everything deconstructive, everything Nietzschean until you touch on school administrative issues. So, what appears is the solid violence of concentration diagnoses. I call concentration diagnoses this form of diagnosis that forgot its own hermeneutic condition, that forgot its own history, that is forced to follow norms of an administrative reduction of experience from malaise to suffering and from suffering to symptom (DUNKER, 2015, p. 189, authors' highlights, our translation).

The relationship between medicine and school is not current. According to Oliveira (2003), since the 19th century, health policies in Brazil have focused on the hygiene of people. Hygienist medicine acted through the family, or rather, the mother and the school. The purpose was to modernize Brazilian society, extinguishing customs considered dirty and inadequate, aiming at a civilized society and without diseases. Women and schools were constantly educated, becoming multipliers of this knowledge. The idea was that “there is no salvation outside of hygiene” (FREYRE, 1924 *apud* OLIVEIRA, 2003). The progress of Brazilian society would depend on the disinfection of families. There were campaigns in which doctors visited schools and other institutions, giving lectures on hygienic behavior. The school was, since then, a strategic place for the dissemination of medical content. During this analysis, we will see more about this historical issue that links medicine and the school.

Currently, the contents of the medical field are also present in Education in another way: through the formation of teachers. There are courses, lectures, postgraduate courses and specializations that directly touch the medical field and generally aim to make the teacher able to identify possible symptoms that may be affecting the student. Thus, the medical discourse circulates naturally in the school environment. In fact, not only the medical discourse, in a specific way, but a more comprehensive discourse, which is present in other areas of health, such as in Psychology and Speech Therapy. All of these speeches go through the diagnostic logic and compose what we are calling a 'pathologizing' discourse, a discourse that has its original effect on medical discourse, but which also emerges in pedagogical discourse.

Below we present the DS that were extracted from the speeches of the teachers who participated in the research. Such DS made it possible to discuss the meanings of pathologization from the DF of the PD.

DS 1: Look, I already took a child in the fifth year that did not come literate, that we made the child literate in the fifth year. So, then, the normal thing would be that they arrived already producing in the fifth year, producing texts.

As the senses engender, the designation 'normal' puts its opposite, 'abnormal' in relation. Through discursive memory, we are brought to the effect of the sense of 'classification'. DS 1 puts into effect the sense effect of normal/abnormal classification, which brings us back to the pathological discourse. In fact, the pathological discourse exists only on the basis of this distinction, which can be represented by other nominations: pathological/healthy; disease/health; septic/aseptic; atypical/typical. It is a discourse that supports, therefore, the meanings of a classificatory reasoning (by age, by series). This discursive functioning is only

possible within a network of meanings that corroborates the 'abnormality' of the fact that the child reaches the fifth year without being literate. Thus, the statement "normal would be" works in the shadow of the senses already stabilized and circulating in the pedagogical discourse.

In view of this discursiveness, we can mobilize aspects of the historicity of the term 'normal'. Regarding the 'normal x pathological' opposition, we find in Georges Canguilhem's work "The normal and the Pathological" (2009), a historical basis that helps us understand how this opposition was present in our society. According to the author, the term 'normal' emerged in 1759. In the 19th century, it was present in two sectors of French society, coinciding with the French Revolution. It was in the pedagogical sector and in the sanitary sector that the term became popular. It would have been through the sense of 'normal' that both medicine and pedagogy have undergone changes in their concepts and practices, adapting to a demand for rationalization, also present in politics and economics. This would have occurred "under the influence of a nascent industrial machinery that will ultimately lead to what, ever since, has been called normalization" (CANGUILHEM, 2009, p. 108, our translation).

The interesting thing is that, according to the author, the ways of defining 'normal' can start from a choice outside the object to be qualified, as well as from an apparently intrinsic consequence to the object. The normalization of some technical aspects in Health and Education is related to historical and social requirements, to establish structural relationships with what is considered valuable at a given historical moment. In this sense, the valorization of productivity, for example, affects the ways of conceiving the 'normal' in Health and Education.

Another interesting aspect is that continuity in normalization is established. A certain normalization will be put in relation to others, so that there will always be an affectation in the act of normalizing. In other words, the normal can be attributed to the organic through the different techniques specific to biological sciences, such as diagnostic strategies based on 'observation' and the application of assessment instruments with normative scales, but also diagnostic strategies based on test results (resonance, tomography, audiometry etc.). Either of the two strategies mentioned can be considered, based on what we are discussing in this research, as diagnostic tools that provide the basis for pathological discourse. In other words, both the discourse that is produced from 'observation' and the discourse that is produced from exam results can bring out the effect of the student's sense of pathologization.

According to Canguilhem (2009), normalization occurs through the multiplication of rules and is sustained based on what does not correspond to its requirement. This, together with the influence of the historical moment in which it occurs, makes the concept of normal a "dynamic" and "controversial" concept (the author's words). Thinking about the ways this

concept works in our society, we can indicate that it has the negative qualification as a support. What is not normal, or abnormal, as opposed to everything that is normal. Negative adjectives are at the heart of this classification. Thus, the interpretation we produce regarding the excessively pathological character that works in the pedagogical discourse is understandable. At the same time, it is expected that the pedagogical discourse reflects the forms of reasoning to which it has always been linked.

According to Canguilhem (2009), the institution of a standard serves the principle of satisfaction. When a given state of affairs is not considered satisfactory, normalization becomes the possibility to exercise preferences about the state of affairs. In this way, the normalization process allows the removal of what is not desired, the “opposite of the preferable”, in the author's words. Preferable would be, for example, stability. The instability of things would be an expression of the chaos and impotence of man. In this sense, defining what is normal and what is abnormal is a way of maintaining (imaginary) control over things. Once the abnormal is identified, an invitation to normal becomes possible. Once the child who does not learn is identified, the movement towards normalization is made through pathologization and consequent medicalization. This corroborates the reasoning of Dunker (2015), previously discussed, regarding the act of naming the malaise related to school failure. In the DF of medical discourse, the way of naming malaise is called 'diagnosis'. From DS 2, we will see that the discursive functioning, which refers to normal/abnormal antagonism, is established through the senses of diagnosis.

DS 2: There are many children who do not learn because they are lost in the perception of sound.

What works in terms of meanings in DS 2 is the diagnosis given (“you don't learn because”) and its description (“you get lost in the perception of sound”). This effect of meaning is supported by the discursive memory that refers to pathologies and their descriptions, as occurs, for example, in DSM-V (2014). Through a speech that, at first, is its own, the PD updates the speech of the pathology when it establishes a cause-and-effect relationship (diagnosis). We see, therefore, an affiliation of meanings between the PD of the PD and the medical discourse.

We are putting together a discursive functioning and a practice that suggests that school failure is something inherent to the student, that is, an individual diagnosis is made, erasing other aspects more related to the subjectivity of the subjects or the opacity of the language itself. We see that a diagnosis is not necessarily medical, but also pedagogical, since the designation

'diagnosis' became popular in the area of Education. It is through discursive memory that 'diagnosis' leads us to clinical reasoning, where a cause for a particular symptom is found. And in the case of DS 2 the individualization of learning problems is even more evident, as an organic cause for the symptom is attributed in writing. Organic cause because the perception of sound is a function of our central auditory system, the auditory cortex, located in the temporal lobe. Looking at other examples.

DS 3: *And children who have enormous difficulties in speech, do not speak "r", they get tangled up, childish speeches, that kind of thing that they end up reflecting, right, in the room. I feel that there is a lot of support, the speech therapist is missing.*

DS 4: *Sometimes they have difficulties in development, in concentration, they need support, a specific assessment... we can see some signs that something is wrong with the student and our practice here is complicated, it is a lot of students, you know?*

SD 5: *This is the first thing I evaluate: The child's history, in relation to what is happening in the classroom. Especially that child with difficulty, you will see, "but she is having difficulty here in the classroom", when you take her history to see it, you say "our child is fine", because according to her history the repercussion that she has in the pedagogical sense is very big. This is not only due to the fact of the experience she is having, but even to the gestational fact, it already starts there during pregnancy, it is what I have evaluated my entire career.*

DS 6: *Things happen in the child's development that reflect, right, at school. I think this is very important to know, because you know, you know that the pregnancy of that child was difficult, she was born premature, she had diseases, convulsions and you already expect something to happen, which has effects on the performance.*

In the space of this school diagnosis/failure game, the meanings about the subject-student are constituted. The subject-teacher, within the DF of the PD, in its form-subject, incorporates and conceals elements of the medical-scientific interdiscourse (*gestational, premature, illnesses, convulsions*) and ends up imposing a reality (*you already expect something to happen*) to the subject-student: school failure. The incorporation of elements of the interdiscourse takes place through the identification of the subject to a reference DF and the senses are produced as an evidence effect.

As in DS 2, DS 3 to 6 have a similar discursive functioning: pointing out, through paraphrase, intrinsic facts to the child that can justify both school failure and the need for interdisciplinarity with professionals from other areas, demonstrating the search for an imaginary completeness that is established by the 'clinic' ("lack of speech therapist" - DS3). In

view of this scenario in which school failure is attributed to the child, the teacher's discourse is crossed by the aspect of impotence (“is a lot of students, you know?” - DS4). The sense of 'lack' is instilled in PD through this absence of the clinician, at the same time that it establishes the sense of 'impotence' by recognizing this lack. Recognizing what is missing can mean recognizing its importance, its value. That is why PD is crossed by the discourse of medicine.

From a discourse that is specific to the medical field, the pedagogical discourse puts into operation the meaning of pathologies and their consequences. In other words, when evoking, for example, the problems of pregnancy (DS5) and child development (DS6), the pedagogical discourse appropriates not only the designations, but the possible meanings in the act of naming organic causes for school failure. One of these effects of meaning consists in silencing the possible gaps in the teaching process, whether due to issues related to the subject's heterogeneity and his way of entering the written language or specific to the education system.

As already mentioned, the pathological discourse tends to be individual, that is, the diagnosis falls on the individual and works in the shadow of the absence/presence of the disease and the patient. Just as there would be no disease, were it not for the sick, there would be no school failure were it not for students who do not learn.

Final considerations

With the interpretative work carried out from the DS presented in the analysis gesture, we saw that the signification processes that explain the meanings of pathologization in the pedagogical discourse are established based on the premise that the failure is the student's fault, that is, the effect of meaning of 'student failure at school'.

Starting from a normalizing logic and evoking medical discourses, the PD establishes the sense of 'failure' a priori, that is, some children are previously marked by the possibility of school failure. In other words, the diagnostic logic of naming malaise related to school failure occurs by pathologizing the student, filling in the meanings of 'school failure' from the medical discourse. Thus, we question ourselves about the reasons for school failure being always related to organic conditions, intrinsic to students, and about the erasure of more subjective factors (the different ways of being in the language, the different ways of relating to the school content, subjective and historical differences), silencing criticism of the system.

When looking at the signification processes, the idea that the PD is circular became increasingly imperative, in the sense that it produces constant returns to sedimented sayings. Perhaps this occurs as an effect of the institutionalization of these medical discourses, an effect

that is authoritative, prestigious, impossible to contest. Thus, the child's body continues to be marked discursively by a pathologizing logic.

The school form-subject constitutes a space in which the interpellation of the individual into a subject by ideology interferes with the notion that some are at a disadvantage in relation to the others, and that this occurs for several reasons linked to the subject itself, to his body, never due to State failures.

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