

**EXTERNAL ASSESSMENT POLICIES AND MEDICALIZATION OF EDUCATION:
FROM THE MEANINGS OF “NOT LEARNING” UNTIL “NOT TEACHING”**

***POLÍTICAS DE AVALIAÇÃO EXTERNA E A MEDICALIZAÇÃO DA EDUCAÇÃO:
DOS SENTIDOS DO “NÃO APRENDER” ATÉ O “NÃO ENSEINAR”***

***POLÍTICAS DE EVALUACIÓN EXTERNA Y LA MEDICALIZACION DE LA
EDUCACIÓN: DE LOS SENTIDOS DEL “NO APRENDER” AL “NO ENSEÑAR”***

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ABSTRACT: In this article, we aimed to analyze the external assessment policies and the effects concerning “not learning” and “not teaching” as impressions of the blame and medicalization of education. Through a bibliographic study, we approached the theoretical-conceptual constructs that confront the classificatory logic of assessments within the policies area. As methodological procedures in the empirical field, we conducted dialogue interviews with teachers from a municipality in Minas Gerais. We highlighted the main directions and effects of the assessment policies marked by the neoliberal *modus operandi* that affected the organization of pedagogical work, students and teachers who are forced to conform to results and standards laced with market interests. In this case, the subjects who do not observe quantitative expectations are blamed and subjected to power devices that seek to fit them into the standards defined as normal and/or ideal, when explaining the medicalizing logic.

KEYWORDS: External assessment policies. Blame. Not learning. Not teaching. Medicalization.

RESUMO: Neste artigo, objetivamos analisar as políticas de avaliação externa e os efeitos concernentes ao “não aprender” e ao “não ensinar” como marcas da culpabilização e medicalização da educação. Por meio de um estudo bibliográfico, abordamos os constructos teóricos-conceituais que confrontam a lógica classificatória das avaliações no âmbito das políticas. Como procedimentos metodológicos do campo empírico, realizamos entrevistas dialogadas com professores de um município mineiro. Evidenciamos os sentidos e efeitos precípuos das políticas de avaliação marcadas pelo *modus operandi* neoliberal que afeta a organização do trabalho pedagógico, os estudantes e os docentes que são forçados a se

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enquadrarem em resultados e padrões eivados de interesses do mercado. Nesse caso, os sujeitos que não se atentam às expectativas quantitativas são culpabilizados e submetidos a dispositivos de poder que procuram enquadrá-los nos padrões definidos como normais e/ou ideais, ao explicitarem a lógica medicalizante.

PALAVRAS-CHAVE: Políticas de avaliação externa. Culpabilização. Não aprender. Não ensinar. Medicalização.

RESUMEN: El artículo analiza las políticas de evaluación externa y sus efectos, concernientes al "no aprender" y al "no enseñar", como indicadores de culpabilidad y medicalización de la educación. A partir de un estudio bibliográfico ponemos en relieve las construcciones teóricas-conceptuales que confronta la lógica clasificatoria de las evaluaciones en el ámbito de las políticas. En el campo empírico, como procedimientos metodológicos, se realizaron entrevistas dialogadas con profesores de un municipio de Minas Gerais. Se evidencian los significados y efectos precisos de las políticas de evaluación marcadas como un *modus operandi* neoliberal que se utiliza para organizar el trabajo pedagógico de los estudiantes y profesores, que se ven obligados a enmarcarse en resultados y patrones derivados de los intereses del mercado y aquellos que no cumplen las expectativas cuantitativas, son culpabilizados, siendo sometidos a dispositivos de poder que procuran enmarcarlos en los patrones definidos como normas y/o ideales, explicando la lógica medicalizante.

PALABRAS CLAVE: Políticas de evaluación externa. Culpabilización. No aprender. No enseñar. Medicalización.

Introduction

The classificatory logic of public education policies is not a new phenomenon in State management, on the contrary, it marks a history of dispute that transcends times and spaces and takes on transnational dimensions. However, sedimented by the reconfiguration of the mercantile nexus with the neoliberal reforms, public policies of external assessment are launched by a set of principles, concepts and practices that compose the very managerial sense adopted by the bias of an "Assessing State" (AFONSO, 2014), which is organically linked to the formation of a new *homo economicus* that seeks to fit everyone to the interests of capital.

In this way, this article aims to investigate the consequences of external evaluation policies in the organization of pedagogical work and in education professionals and the relationship between the mechanisms of accountability and medicalization, especially of the teacher. In a cascade effect, the results of external classificatory evaluations issued by the State reproduce the logic of exclusion, placing the school and, notably, teachers as unilateral

responsible for the institution's indexes, in a movement in which the State publishes the ranking of schools, showing the failure of those who do not reach the projected goals.

Failure starts to be attributed to the school, which causes interventions as if the result were an institutional consequence, without considering all the dimensions and contexts that affect the pedagogical process, among them the neoliberal public policies that limit investments and affect the quality of education. In this process, "not learning", portrayed by the results of the evaluations, is consequently launched to students, who are labeled and defined as having biological and/or psychological pathologies. To them, in turn, are attributed the results of the evaluations, thus materializing school failure as an individual consequence. Also impacted by this reality, teachers undergo a similar process, equally accountable within the scope of public policies of the State.

Based on a bibliographic study, we highlight theoretical-conceptual constructs that show the classificatory logic of evaluations in the scope of public policies. And, with the scope of investigating the consequences of external evaluation policies and the relationship with the medicalization of the school, especially the teacher, a dialogic interview with teachers from a municipality in Minas Gerais was used, which, for confidentiality purposes, will not be identified in this article. The professionals who participated in the interview had access to the research objectives and methodology, in order to make the decision as to whether or not they would participate in the research and signed the Free and Informed Consent Form. Participation did not involve the identification of participants, and each teacher was identified by a number from 1 to 5 added by the letters A to D, corresponding to the schools.

From learning assessment to external classificatory assessment: blaming, accountability and medicalization processes

Over the past few decades, external evaluation policies have taken a leading role in the national debate, a movement similar to the international reality. Marked by contradictions, the evaluation has been highlighted in the scope of public education policies since 1990, as one of the central strategies for promoting the quality of education. However, over the four decades of its implementation, the quantitative data of the external indexes, which are associated with the concept of quality, have been questioned when the State:

[...] it is limited to the publication of data on standardized proficiency tests and approval rates, but disregards a wide range of variables that must be

analyzed to assess the reality of basic and higher education in the country. Furthermore, the State, by showing the idea that it has already exercised its role in creating and making the data public, induces society to understand that the responsibility for solving the problems identified in the assessments lies solely with the school community, especially professionals in the field. With this stance, it does not pose itself as co-responsible, which is worrying in view of the historical gap of investments in public education in the country (SILVA; RICHTER; SOUZA, 2020, p. 2, our translation).

Thus, evaluation policies are launched by the State, following the nexus of unilateral accountability (RICHTER; SOUZA; SILVA, 2016), also incorporating distorted principles that distance the evaluation from the formative conception, which focuses on intervention and the search alternatives to overcome the identified difficulties and, thus, improve the desired results. On the contrary, according to the logic of the appraisal of learning that was historically focused on the control and accountability of students for the results of passing/failing, external evaluations also incorporate distorted meanings, when the teaching process starts to be carried out to meet expectations of external indexes, similar to the student who does not study to learn, but to take the test.

This classificatory evaluative culture marked and marks the lives of many students, who are often pointed out as responsible for the evaluation results: those who obtain good indexes are examples of success and those who do not meet expectations are blamed for “not learning”, in that one is seen the “not learning” in a pathologizing sense, without considering the material and sociocultural conditions that may have led to this reality. A practice of repressive evaluation - used as an instrument of threat and of disciplining conduct - which generates fear, which is assumed to be neutral and strictly formal, which is at the service of classification and selection, which generates labels, is an instrument of control conduct and values. When the evaluation presents data that portray “not learning”, it becomes an instrument to justify drug interventions, since the negative results are often justified by biological or psychological problems.

In this classificatory logic of learning assessment, students are taken as objects of assessment and are blamed for the results, without considering the complexity of the dimensions that are directly and / or indirectly related to the teaching/learning process. These characteristics of evaluative practice bring meritocratic, market and objectivist values, an evaluation incompatible with guaranteeing the right to quality education to everyone, but which, on the contrary, is used as a form of ideological inculcation in which the student himself becomes perceive as incapable.

In the last decades, new processes of exclusion have been generated in the educational system, because, if before many students were physically excluded from the school through the failure that led to evasion, nowadays there is an attenuation of this logic without necessarily becoming an inclusive reality, when large numbers of students remain inside the public school. However, the meaning and quality of this permanence and under what conditions it occurs must be questioned. According to Freitas (2007), the new pedagogical logic of exclusion occurs inside the school and postpone the elimination of the student, generating an apparent democratization. Acceleration, continuous and/or automatic programs are configured in mechanisms that delay students leaving school, but do not guarantee conditions and learning processes, even so they incorporate values and views of the world and of themselves.

In this process, elimination occurs “[...] in the passage between cycles or series of grades, when they leave the failure statistics, or at some point in their school life where the statistics are more comfortable” (FREITAS, 2007, p. 968, our translation). For this reason, there is “[...] today a large contingent of students who live a sunset inside schools, discredited in classrooms”, whose “[...] elimination from school has been suspended or postponed” (Idem, author highlights, our translation). Under these conditions, when such situations are reported, one of the recurring alternatives is the referral of students to medical and/or psychological reports.

Faced with an assessment of learning that does not retain the student and reduces failure rates, but that also does not guarantee effective learning, there is a phenomenal reality that camouflages processes of exclusion while guaranteeing an image of expanding access and permanence in Basic Education, raising the rates of external evaluation. When “not learning” is evidenced, there is a cascade effect of transferring responsibility for the results, in which both the student and the teachers are blamed, as these teachers are judged for not guaranteeing learning in the pedagogical process, without highlighting the conditions public school and education professionals and/or the students' reality.

In Brazil, the context of expanding access to education is consistent with the policies of external evaluation, which were made official in the government of Fernando Henrique Cardoso (1995-2003) through Law No. 9,131 (BRASIL, 1995), which institutes the Basic Education Assessment System (Saeb). In that context, the sample character of Saeb did not allow the identification of results by schools or municipalities, which was significantly reconfigured with the reformulation of Saeb, in 2005, and with the implementation of the

Basic Education Development Index (Ideb), created in 2007, as part of the Education Development Plan (BRASIL, 2007).

The Ideb is calculated through the student's proficiency averages obtained in Saeb and the results of school performance (approval rate), made available through the school census, and presents results by school, by municipality, by state and national, with intermediary goals projected until 2019. 2021 was defined as the year in which the national average is expected to reach 6.0, considering the initial years of elementary school. Value that was outlined based on the average of the member countries of the Organization for Economic Cooperation and Development (OECD). On the eve of such date, the indices indicate a continuous ascendancy of Ideb, which in 2005, had the result of 3.8 (2005) as its initial value. The early years of elementary school have reached their goals, as can be seen in Chart 1.

Chart 1 – Demonstration of Ideb data from the early years of elementary school in Brazil from 2005 to 2021 according to Inep

	Year								
	2005	2007	2009	2011	2013	2015	2017	2019	2021
Ideb Goals		3,9	4,2	4,6	4,9	5,2	5,5	5,7	6,0
Ideb Results	3,8	4,2	4,6	5,0	5,2	5,5	5,8	5,9	

Source: Data organized by the authors

When we evaluate the data of the final years of elementary and high school, we observe how the Ideb goals were not all achieved, the results of high school being more distant, as can be seen in Charts 2 and 3.

Chart 2 – Demonstration of Ideb data for the final years of elementary school in Brazil from 2005 to 2021 according to Inep

	Year								
	2005	2007	2009	2011	2013	2015	2017	2019	2021
Ideb Goals		3,5	3,7	3,9	4,4	4,7	5,0	5,2	5,5
Ideb Results	3,5	3,8	4,0	4,1	4,2	4,5	4,7	4,9	

Source: Data organized by the authors

Chart 3 – Demonstration of Ideb data from high school in Brazil from 2005 to 2021 according to Inep

	Year								
	2005	2007	2009	2011	2013	2015	2017	2019	2021
Ideb Goals		3,4	3,5	3,7	3,9	4,3	4,7	5,0	5,2
Ideb Results	3,4	3,5	3,6	3,7	3,7	3,7	3,8	4,2	

Source: Data organized by the authors

These numerical results, according to the official view of the State, denote the quality of Brazilian education, making a direct relationship between quantity and quality. However, as evidenced by Richter (2015), it is necessary to discuss what are the impacts of these indexes on the organization of pedagogical work, on teachers and on students. According to the author, among the consequences is the process of teacher accountability for the results of the institutions, which are blamed for “not teaching”, resuming the logic of the classificatory culture that historically marked the evaluation of learning in the country, which holds students responsible for “Not learning”. This reality denotes the effects of assessment practices that affect the image of the teacher as a professional in the face of publicizing the results, the mechanisms for intensifying teaching work and the loss of autonomy over pedagogical practice. Thus, when the State does not guarantee working conditions, the results, even when positive, cause processes to intensify teaching work. However, it is due to the difficulty of reaching the goals that teachers feel the effects of a blaming policy that degrades and corrupts their image, having as one of its consequences the medicalization of the school, especially the teacher, which will be discussed in next section.

The medicalizing logic of external evaluation policies: focus on the teacher

As previously discussed, the State has been imposing mechanisms on educational systems that exercise a control role, demanding that educational systems be accountable through the mechanisms of evaluation policies, always centered on results and the culture of accountability, “[...] having as indicator parameters established based on levels considered to be of performance” (MAUÉS, 2010, p. 713, our translation).

Especially, until the end of the 1980s, the classifying nexus of learning assessments marked the lives of students and, from the 1990s, with the policies of external assessment, the teacher began to feel similar effects to students when held responsible for the results of standardized tests. As a result, there is a state of tiredness and emotional commitment from the teacher, caused by the feeling of powerlessness in the face of evaluative policies of an Appraising State, which starts to demand results while investing the least in social policies, in addition to incorporate privatist principles such as competitiveness, ranking and differentiation through evaluations.

This physical and emotional exhaustion of the teacher compromises his pedagogical practice: although he tries to overcome this reality, there is the human limit that subdues his own desire and leads him to illness or what we call “*passive abandonment syndrome*”, that is, the teacher remains in

teaching, does not effectively abandon the profession, but remains as if anesthetized/numb; thus, he passively accepts the process and is no longer motivated to manifest or seek to overcome this situation. Their own actions are superficial, individual and, often, indifferent, and apathetic (RICHTER, 2015, p. 282, authors' highlights).

External evaluation policies have directly interfered with the routine and organization of the entire school system, whose standardized test scores are released without considering the pedagogical and social scenario that produced them, through a movement to depoliticize education. According to Leher (2013), this depoliticization process makes the focus fall only on individuals, both students and teachers, medicalizing education. In this context, the author draws attention to the strengthening of this pedagogy of results that focus the educational process only in the indexes, analyzed by themselves. This pedagogy dispenses questions of a political and structural nature and begins to analyze low rates as an effect of “not learning” and “not teaching”, from a myopic perspective that can be corrected based on managerial and specific actions, either using technologies or by the prescription of drugs as a solution to learning problems (LEHER, 2013).

Research (MAUÉS, 2010; RICHTER, 2015; SILVA, 2019) shows that educational evaluation policies introduce a strong appeal to the figure of the teacher in the school context as the one responsible for the poor quality of teaching, portrayed by the low IDEB indexes, being attributed to this professional the “mission” of safeguarding education. In order to fulfill this “mission”, we see the accumulation of new attributions to this professional as part of a movement to restructure the management and the pedagogical organization of the school to achieve better rates, incurring a “hyper-accountability” of the teacher in relation to the results of his pedagogical practice and the quality of teaching, as defined by Sacristán (1996) and indicated in the excerpts below by the teachers involved in the research.

As the results are not very satisfactory in the test, the charge is now due to IDEB. The demand is to improve. Whenever the IDEB results come, when it is presented, it is that rush of demands over the teacher (Interview - Teacher 2 - School A, our translation).

Then, after IDEB, even the school is established according to IDEB and external evaluations. Everything started to revolve around external evaluations. We even get evaluations from other states, we access websites to get tests that may be preparing the student for IDEB. Even teachers get tests and assessments that help in this regard. We do evaluations training students, mainly Portuguese and mathematics. [...] We use these models to be applied in our monthly and bimonthly evaluations (Interview - Teacher 5 - School C, our translation).

There was a meeting about the PDE-School that was horrible for schools with low IDEB, we were charged a lot and the teachers and the direction of these schools were held responsible, we left these meetings with the feeling of failure and frustration. But I tell teachers to be concerned with IDEB, but there are other important things. And when IDEB is low, it exposes the school and teachers, and the demand is great. Whenever people ask me if we are preparing students for the Prova Brasil, I say yes, because I have been worried since the beginning of the year (Interview - Teacher 5 - School C, our translation).

Although the pedagogical practice is directly linked to the figure of the teacher, it does not depend solely and exclusively on him, considering that teaching must also be understood as a social practice that encompasses other dimensions, such as culture and the socioeconomic context, in addition to pedagogical.

Ball's studies (2005) analyze that, together with changes in professional practice as a result of new assignments for attending and meeting pre-established quality criteria, teachers are subjected to the logic of performance due to the effort with which they try to meet the imperatives of the competition and the achievement of goals, a mistake that focuses on improving results, reinforcing quality control through “pressures” that abandon schools, students and teachers to their own devices, as highlighted in the following statement.

Look, [...] with IDEB I feel a lot of demands, right? [...] the principal is pressured from top to bottom [...] And the teachers suffer a lot from it and get sick. Every day, one, two, three teachers are missing. And that increased a lot after the external evaluations because the demand and pressure is too much (Interview - Teacher 4 - School A, our translation).

In this sense, research points (OLIVEIRA, 2002; CALDAS, 2007; RICHTER, 2015) a process of teacher suffering, the result of the wear and tear present in several dimensions that involve external evaluation policies, ranging from precarious working conditions, which hinder the teaching practice, until the psychic exhaustion, due to the exacerbated demand and pressure to achieve goals. This situation, not receiving the necessary attention, ends up leading the teachers to a process of becoming ill and leaving the classroom, which associates “not teaching” to a disorder that is accompanied by a medicalization process, as pointed out by the Professor 3 from School B.

In this time of school experience [...] I have seen many sick people, including me. [...] There are so many demands! These demands for results are making teachers sick. Many colleagues have a medical certificate, being followed up by a psychologist and taking tranquilizers (Interview - Teacher 3 - School B, our translation).

Teachers are tired. It is all very painful, much suffering. You have, in addition to having to work in more than one school, the much higher demand of nowadays. It is concerned with goals, with actions, with IDEB. In addition, before the teacher was valued, respected, there was a respect on the part of the family, the student, in relation to the teacher. Those values have been lost. [...] It's hard. Because the teachers are all depressed, they are all tired, they are all suffering from the increased responsibility, the tiredness has increased. Many colleagues are taking medicine for depression. Mental exhaustion is very great, and the amount of sick leave from sick teachers because of that, too. Education is taking a turn, that it is making teachers sick (Interview - Teacher 2 - School B, our translation)

The teacher suffers a lot, and most are getting sick, many are away with medical certificates. Soon, nobody will want to be a teacher. If you talk to the teachers, you will see that it is only demand, only demand, filling out paperwork, concern with IDEB, with these systemic assessments. So, like this, the teacher is not taking it anymore. It is great the mental tiredness and many hours of work, without appreciation (Interview - Teacher 4 - School A, our translation).

Among the interventions, medication practice in the face of illness and withdrawal characterize a reality in one of the most strenuous professions (CODO, 1999). According to Robalino (2012, p. 377), the teaching work must be analyzed by three constitutive elements: “the workload, the complexity of the task and the responsibility”, elements that, under the pressure of external evaluations, went through the process of intensification.

The testimonies of the teachers of the present research find resonance in the research data carried out by the Study Group on Educational Policy and Teaching Work at the College of Education of the Federal University of Minas Gerais - GESTRADO/FaE/UFMG, entitled “*Trabalho Docente na Educação Básica no Brasil*” (Teaching Work in Basic Education in Brazil), Involving seven states (MG, ES, GO, PR, SC, RN and PA), with 8,875 respondents. Such research showed that “[...] 28% of the professors claim to have been on sick leave, the majority for a period of one to three weeks and 34% for more than a month” (CALDAS, 2012, p. 431). The survey also pointed out that there are many reasons for the teachers' illnesses and the consequent absence from work due to sick leave: 11.7% due to stress; 12.7% due to depression, nervousness and anxiety. In the field of psychological disorders, 8.7% of teachers reported regular use of medication for depression, anxiety or nervousness and 4.5% for sleep disorders (CALDAS, 2012, p. 432).

Other data on the health conditions of teachers are presented by the National Confederation of Workers in Education (CNTE, 2020, our translation), which show that “[...] 1% of the 762 public education professionals from various states interviewed at the beginning of 2017 stayed away from the classroom after episodes that triggered psychological and

psychiatric problems in the last five years”. Among the main causes of sick leave, stress appeared with a higher incidence (65.7%), followed by depression (53.7%).

What needs to be problematized is that this illness and this removal of the teacher from the classroom, in most cases, are analyzed from an individual perspective of issues related to health and teaching work, carrying the risk of blaming the teacher, not referring to the broader conditions that produced these disorders. In this perspective, the illness and the withdrawal of the teacher are consequences, among other factors, of an external evaluation policy that marks the individualizing perspective for the problem of non-learning, going from the sense of “not learning”, in which the culprit is the student, in the sense of “not teaching”, when the teacher starts to share this guilt for the process of accountability for low rates. This individualizing perspective feeds on a biologicist approach present in the current hegemonic discourse, with characteristics appropriate to the positivism and the immediacy of capitalist society (LIMA; GUIMARÃES DE FARIA, 2019). This perspective is evidenced by the following excerpt.

It is a lot of suffering and insecurity for the teacher, because he knows that he is being measured, also evaluated with the PDE-School and IDEB. It is obvious that the teacher is the one that takes the hit if he does not comply with the actions of the PDE and with the results of these [external] evaluations. It is not only the student, because if the student was unable to learn it is the teacher's fault. It's a tension all year. But at the same time, I believe in results, because the result is the basis. Yes, there is suffering! Because I am linked to results, I learned to be like that. Since the beginning of the year, we have been organizing our work according to IDEB, because, if we go wrong, we know that we will take the blame, that the school will be exposed to the entire education network (Interview - Teacher 5 - School C, our translation).

The PDE talks so much about goals and IDEB that it is, in fact, a demand for the teacher's work. I say that after the test [external evaluation] ends, it seems that it took a huge weight off my shoulders. But the sad thing is that soon another weight comes, other demands, other assessments (Interview - Teacher 5 - School D, our translation).

Among one of the referrals for teachers who are unable to resume working dynamics in the classroom is readaptation. Upon being removed, the readapted teacher starts to carry the label of “not teaching” disorder, starting to be seen as the professional who must stay out of the classroom to avoid the failure of the school. And, in this process of rehabilitation, the medical report, as in all “[...] processes of medicalization, control and judicialization of life”, becomes an instrument that “[...] performs the function of judgment, conviction and sentence” (MOYSÉS; COLLARES, 2013, p. 7, our translation)

After IDEB [...] everyone is crazy! The demand starts and now everything has a deadline [...] And this ends up making many teachers sick and many get medical certificates and medical reports of depression. There they are placed in other positions at the school [assuming other functions] (Interview - Teacher 3 - School D, our translation).

This distance from the classroom, often consented by the teacher, ends up feeding “[...] the gears of the logic of medicalization, by failing to consider the different aspects that need to be evaluated, such as working conditions of teachers, the socioeconomic conditions of students”, among other aspects (SILVA, 2019, p. 152). Considering that the logic of medicalization refers to an individualizing look at a problem as if it had a single source, but, in fact, different aspects of the socio-historical-cultural-economic-political context permeate, such logic brings about the unfolding of accountability of only one element and, because of this limiting bias, presents solutions that fail to encompass the complexity of the school problem.

The policies of external evaluation brought about a resurgence of medicalizing logic in the school scenario as a way to justify students not learning and low rates. This logic is supported by justifications marked by a movement to depoliticize the school and society, by attributing the results exclusively to individuals, especially the biological aspects of students and teachers.

Final considerations

The parameters of today, dictated by the neoliberal ideology, require subjects with physical/biological, emotional/affective and cognitive conditions capable of acting in a competitive, technological and individualistic reality. Therefore, in this logic, there is a set of social control practices in school institutions in their actions. The school needs to be productive, that is, to deliver these “products” to society as quickly as possible, as planned. In this connection, there is no problem in losing some, as long as they are framed, and their subjectivities captured and subjected.

Subject to this logic, the teacher needs to teach what is demanded and ensure good rates. In this search for statistical performance, this teacher makes use of several devices of power to subject the bodies and minds of his students. According to Garcia (2019), such situations present themselves with a mistaken attribution, creating labels and stigmas related to “diseases of not learning”, combined with the inappropriate use of social issues transvested by individuals. These practices lead to the biologization of education for school failure,

strengthened by a clinical-therapeutic perspective, in which the student is the patient who has a disease that needs to be treated, cured or eliminated.

Therefore, due to pathological circumstances, a healthy person can be considered "sick". And those who do not adjust to the proposed dynamics must undergo corrections in the aspects considered inadequate. Here again, medicalization appears as an alternative to frame subjects to reality. For Meira (2012), this phenomenon of the medicalization of education acts as a justifying element of situations of school failure, since there is still a great tendency to “[...] attribute school difficulties to organic/brain characteristics” (SIGNOR; BERBERIAN; SANTANA, 2017, p. 748, our translation).

Ironically, when the results do not meet the goals set by the State, the teacher is labeled by the "not teaching" and goes through processes similar to those experienced by students. In this process, a cascade effect is evident, in which both students and teachers experience the marks of a society that seeks to artificially solve structural and social problems. In this perspective, the policies emanated by the Assessing State, which have as their mark the individualizing logic, focusing on both students and teachers, justify the results of external evaluations as the effects of “not learning” and “not teaching”, from a myopic perspective that can be corrected through managerial and/or medicalizing measures.

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