

## SCHOOL FAILURE AND THE MEDICALIZATION OF LEARNING AND BEHAVIOR


O FRACASSO ESCOLAR E A MEDICALIZAÇÃO DA APRENDIZAGEM E DO COMPORTAMENTO

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### Adalberto Duarte Pereira Filho

PhD and master's in education from the Federal University of Alagoas (UFAL); Psychologist and Psychoanalyst; Professor at the Education Center (CEDU/UFAL) - Researcher at the International Network of Creative Schools (UB-Barcelona/RIEC/UFAL).

[adalberto.filho@cedu.ufal.br](mailto:adalberto.filho@cedu.ufal.br)

 0000-0001-5583-6305

### Maria Dolores Fortes Alves

PhD in Education (PUCSP/UB-Barcelona); master's in education (PUCSP); Professor CEDU/PPGE/UFAL; Researcher for the International Network of Creative Schools (RIEC for its acronym in Portuguese). Leader of the Research Group on Integrative and Innovative Learning Practices (GP/PAII-CNPq); Coordinator of the International Network of Creative Schools (UB-Barcelona/RIEC/UFAL); Researcher. PQ-CNPq.

[mdfortes@gmail.com](mailto:mdfortes@gmail.com)

 0000-0002-2292-8518

### Verónica Violante Holz

PhD in Psychology from Ramon Llull University (2001). Professor at the Faculty of Education of the University of Barcelona (UB). Master's in general health psychology (2024). Director of the International Observatory of Hospital Pedagogy (OBI-PH, UB). Member of the Research and Innovation in Design Group (RIDG). Technology and multimedia and digital application to observational designs (2021 SGR 00718), thematic core Hospital Pedagogy.

[violant@ub.edu](mailto:violant@ub.edu)

 0000-0003-2464-6845

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### ABSTRACT:

This study investigated the relationship between school failure and the medicalization of children's conduct and learning that deviates from the norm. In doing so, we sought to argue that, in the field of education, a political-economic movement has been built up, which is orchestrated by sectors of society that have concentrated power over the production of knowledge and the economy. These sectors have shown a strong commitment to inventing diseases-of-not-learning and diseases-of-not-behaving. One of the indicators of such commitment is the advent of the fifth Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and its repercussions on society. This has pointed us to a social organization that produces pathologies and psychological suffering to the detriment of sustaining the springs of neoliberalism.

**KEYWORDS:** School Failure; Medicalization; Diseases-of-not-learning; Diseases-of-not-behaving; Neoliberalism.

## Introduction

This theoretical and bibliographical study investigated the relationship between school failure and the medicalization of children's behavior and learning that deviates from the norm. As a result of these research movements, we sought to argue that, in the field of education, a political-economic movement has been built up, and orchestrated by sectors of society that concentrate power over the production of knowledge and the economy. These sectors have shown a strong commitment to inventing diseases-of-not-learning and diseases-of-not-behaving. One of the indicators of this commitment is the fifth Diagnostic and Statistical Manual of Mental Disorders (DSM-5). One of the phenomenal expressions of these inventions is the spread of at

least three diagnostic epidemics in schools: (1) Attention Deficit Hyperactivity Disorder (ADHD), (2) Autism Spectrum Disorder (ASD), and (3) Oppositional Defiant Disorder (ODD).

This work is the result of the epistemological discomforts that have emerged throughout our formative journeys, notably issues relating to childhood and the social inequalities in which children are immersed. According to the Brazilian Mental Health Association (ABRASME, 2015), the “traditional child and adolescent behaviors that bothered educators, politicians, parents, and doctors are now classified as symptoms of mental pathology” (ABRASME, 2015, p. 09). This signals that the pathologization of behavior and learning reverberates, politically and economically, in psychiatric, psychological, psychoanalytical, and neuropsychiatric clinics, in the emergence of centers specializing in treating these pathologizations, as well as in the segregation of children within schools.

Thus, the question that drives us is “What is the conception of school failure and what are its relations with the phenomenon of the medicalization of children with behaviors and learning that deviate from the norm?”. Given this question, we sought to understand the relationship between school failure and the medicalization of children's learning and behavior through a theoretical and bibliographical study.

The theoretical framework we adopted to support this investigation is the conceptual framework of Psychoanalysis, based on the statutes of Freud (2016) and Lacan (1967). Psychoanalysis is a clinical field of knowledge that does not follow the logic of positivist science, and whose object of structuring is unconscious processes. To think of the unconscious as a concept that operates in this research is to think of psychoanalysis that is involved with the issues of the space-time in which we live, and how social facts affect Subjects. We conceive of a psychoanalysis that does not abdicate its ethics, and that produces in the analyst the possibility of reflecting on the socio-political dimension of human suffering (Rosa, 2018) and all the inflections that the Subject goes through, based on the signifiers of our time, oriented in history and a political field to which this Subject belongs.

We have adopted two psychoanalytic maxims as a point of attachment, which are the beacons for choosing this structure of thought to enlighten us along this path. The first maxim consists of the Lacanian statement that “the unconscious is politics” (Lacan, 1967, p. 236). This aphorism makes us look at the effects on the subjective structuring of Subjects of how life is governed in the polis. We are interested in the effects that the political logic instituted in each era produces on the Subjects' subjectivities. This logic has as its operator the bankruptcy of the paternal function and the imperative of

capitalist discourse. This, in effect, produces the inability of Subjects to deal with the subjective gaps of their lacks, as well as with the neoliberal imperative to “produce” and “consume”. The second maxim is that “any analyst who is unable to reach the subjectivity of his time within his horizon must renounce the practice of psychoanalysis” (Lacan, 1967, p. 321).

Imbued with the political and social challenge posed by these Lacanian imperatives, we put ourselves in a different trench from the traditional model of the consulting room and inserted ourselves into the institutional site of the school. Psychoanalysis urges us to think about the position of the psychoanalyst in the polis, starting from a process of disidentification, which implies calling ourselves a citizen-analyst, which it considers to be a good position for the psychoanalyst to occupy. The psychoanalyst must be involved in their polis, and it is up to the analyst to move from their aseptic position in the clinical setting and become politically involved with the issues of their time. The psychoanalyst-citizen positions himself in the specifics of the debates, participates with his words, and must actively take sides.

The insertion of the psychoanalyst-citizen on the school's site aims to produce a split in the biologizing discourse and enable a path capable of privileging Subjectivity. Psychoanalysis is positioned in the school as a field of resistance to any attempt to pathologize Subjects with behaviors and learning that deviate from the norm. It is under these warnings that we, as psychoanalysts, commit to investigating the current modes of psychic suffering that entangle the inventions of diseases of not learning and diseases of not behaving.

Our intention is not to go to the school site to listen clinically to the subjects who are there, nor is it our aim to set up a clinical space in the pedagogical space. It is a question of producing language, discourse, social ties, and elaborations in the encounter between psychoanalysis and education, which allow processes of demedicalization of learning and behaviors that deviate from the norm. Although we have psychoanalysis as our guiding thread, we know that the intricacies of the articulation between psychoanalysis and politics are not linear.

For this reason, we called on psychoanalysts and other authors who have a connection with our object of investigation: Freud (2016), Patto (2015), Gualtieri and Lugli (2012), Frances (2013), Lacan (1967), Martinhago and Caponi (2019), Collares and Moyses (1985, 2015), Illich (1975), Souza (2006), Rosa (2020), Maleval (2015) and ABRASME (2015) and in tune with the theoretical diapason of these intellectuals we will analyze the issue already presented.

## **Failure “in” school is inevitably failure “of” school**

School failure is a polysemic concept. For this discussion, we are assuming that it refers to the objective and subjective conditions that converge so that the school institution is unable to conduct its Political Pedagogical Project.

The school doesn't just fail when the professionals there can't meet the expectations imposed by legal regulations. The school fails when, as well as not being able to promote quality teaching, it also fails to deal with the phenomena that are present within it, but which are expressed in society. According to Souza (2010):

[...] there is a complex universe of institutional, political, individual, structural, and operational issues present in school life that led to its failure, maintaining high rates of exclusion, especially of children and adolescents from the poorer strata of our society (Souza, 2010, p. 59).

As a social institution, the school reproduces all the contradictions present in culture in particular and in society in general. In this sense, it is possible to consider that if the diversity of humanity is expressed at school, it is because this diversity is expressed in that culture and society. If there are people in psychological distress at school, it is because there are people in psychological distress in that cultural context and in that society.

However, there has been an increasingly frequent movement to pathologize the various forms of learning and behavior, especially that of children, which is expressed in schools. In this area, there has been an increasing number of studies in the academic field pointing to the fact that, at this moment in history, we are heading towards a scenario in which the medicalization of learning and behavior that is considered, culturally and socially, to be deviant from the norm, or in other words, “abnormal”, is expanding.

The term medicalization, although polysemic, is generally used when a series of social, psychological, cultural, behavioral, and pedagogical phenomena begin to be approached as medical problems, especially psychiatric ones; in other words, these phenomena come to be understood as illnesses and this usually implies a prescription for medication. In effect, we can question whether children who behave in a way that deviates from the norms, have varied learning rhythms, or even if their bodies don't meet the idealistic expectations forged in culture, and above all are suitable for the reproduction of the capitalist mode of production, could they be labeled as sick children?

The social pressure exerted by institutions on these children, whose bodies or behaviors do not correspond to what is expected of them, will inevitably converge to produce more psychological suffering and trigger more abject reactions to society. A black, slum-dwelling, and disabled (physical or intellectual) girl, within the context of a sexist, racist, elitist, and ableist society, will be victimized, from her first interactions with the world, by the overlapping of all these layers of oppression. Therefore, we must pay attention to the fact that, since basic education is compulsory in Brazil, it is reasonable to deduce that these children who have been/are victims of this type of violence are also at school.

In this sense, as education professionals, can we expect these children, who carry all this burden of social oppression on their shoulders, to express themselves and learn in the same way as children who have never been traversed by these same oppressions? Can we expect schools, deprived of adequate state support, not to fail to understand and account for the behavior and learning of all children, regardless of whether they have been subjected to the most varied types of violence?

We must remember that these children are also in schools. If, on the one hand, public schools are gradually being dismantled, we must recognize that the attack is not only on schools but on the entire working class. How is it possible for Brazilian children to express behavior that is considered culturally and socially normal when the prevailing culture is one of terror, violence, hunger, and death? How could Brazilian children be expected to learn in the same way, at the same pace, when they have different life experiences from what is considered, from an idealistic point of view, to be a normal childhood experience?

In the face of the inequality that afflicts us, it wouldn't be plausible to expect behaviors normal and normal learning rates from children who are suffering from hunger, the unemployment of their caregivers, and the violence inherent in the social divides to which they are subjected. Does the norm of these behaviors and learning rates appear from the patterns expressed by children marked by the oppressions typical of a capitalist society, or does it emerge from the behaviors and learning rates of the children of those who own capital in a capitalist society?

With the dismantling of public education and all the other institutions that support a welfare state, school failure is inevitable. This failure is not the result of a lack of effort from the students, caregivers, or education professionals in general. School failure is not a consequence or an abnormality; it is a project orchestrated by the public authorities themselves.

According to Patto (2015), teachers, because they are immersed in the ideological fabrics of capitalist society, when confronted with deficits of a biological, psychic, or cultural nature, manifested in their students, usually justify these deviations according to pathologizing narratives. Since these deficits are widening as the dismantling of public education deepens, society is experiencing an epidemic of diagnoses of psychological/psychiatric disorders which, in line with the dominant ideology, children are blamed for not living up to the expectations placed on them.

Nowadays, the referral of children for medical and psychological care looks to remedy supposed behavioral and learning problems. Such referrals, sometimes made by education professionals who are genuinely concerned about the full development of children, paradoxically fall into a eugenic model of forming a single type of childhood. Because they are in close contact with the children, when they find deviations in behavior and/or learning, teachers often demand that the school management and/or the children's caregivers refer them for specialized medical and/or psychological treatment. The search for the ideal pupil is an idealistic quest for a pasteurized childhood.

In a kind of desperate search for this ideal to become real, these children are drugged with drugs prescribed by medical science professionals from diagnoses that “automatically categorize and transform the child into a label, into an object, and no longer exists as a person, as a person with a history, with experiences, with feelings, with emotions” (Goussot, 2021, p. 32).

Medicalization, as a process of appropriating people's ways of life in the various fields of human activity (Illich, 1975), is a device that produces social control by preventing the expression of subjectivities, freedoms, and the development of solidarity mechanisms (Goussot, 2021). For Gonçalves Filho (2021, p. 137), “Medicalization is a pejorative term that has taken on this character due to justified critical protests. It is an act hugely different from the sober act of medical recommendations or care”. Through it, the child's humanity is subtracted and this being is animalized. For Patto (2015), medicalization is one of the possible consequences of school failure. Faced with school failure, we are daily confronted with the indiscriminate circulation of diagnoses that reduce educational problems to a process of a single choice.

Ignorance of the relationship between school failure and the medicalization movement imposes a telos on childhood. In the end, the result of this teleological movement is the dehumanization of children and their reduction to the position of consumers of medicines. Professionals in the fields of education and health, unaware of the historical and social movements that produce school failure and medicalization,

see the unlimited intake of medication as the only way to solve the behavioral deviations and learning problems that arise in the school context.

These drug interventions are based on diagnostic criteria to classify children according to psychiatric descriptions or classifications. The diagnostic criteria used for such psychiatric descriptions or classifications are increasingly fluid and inconsistent (Moyses and Collares, 1997). It is also worth questioning whether it is in fact possible to support, based on scientific evidence, that the psychiatric descriptions or classifications used to annihilate childhood in the name of pathological labels are consistent.

Going against the movement to medicalize childhood, Martinhago and Caponi (2019, p. 14) state that “mental disorders do not mean illnesses, a change that psychiatry made - from mental illnesses to mental disorders - because it was unable to prove the etiology of such manifestations”. Medicalization arises to hide social inequalities and to transform political issues into medical situations (Moyses and Collares, 1985). According to Carvalho et al. (2015):

[...] medicalization, as a complex social phenomenon, should not be understood in a single and universal sense, given that it is an effect of different social-historical processes and arrangements, in which Medicine, in its variable facets, but not only Medicine, plays an important role in shaping the phenomenon (Carvalho et al., 2015, p. 12).

Medicalization refers to a process through which behavior and learning difficulties are defined as medical problems and diseases whose possible treatments are hygienist and drug interventions.

### **Hygienist ideology, school failure, and medicalization**

At the end of the 19th century and the beginning of the 20th, a new mentality appeared that set out to care for the population by educating and teaching new habits. It was called the 'hygienist movement'. From a historical point of view, most of the works on the subject focus on the first decade of the 20th century and the episode of the Vaccine Revolt.

In fact, among the consequences of the hygienist movement, one must consider the interest of the Brazilian economic elites, who had an aversion to the tenements that began to tarnish the urban landscape, especially in the context of Rio de Janeiro. According to Marins (1998):

The ambition to uproot from the heart of the capital housing and residents unwanted by the ruling elites began to materialize with measures aimed at demolishing the numerous tenements and inns scattered throughout the central parishes of Rio de Janeiro, which was done under the legitimacy conferred by sanitation (Marins, 1998, p. 141).

In the contemporary scenario, hygienist thinking is a link between school failure and medicalization. In the context of public education and health policies, we have two emblematic examples of how hygienist thinking links school failure and medicalization.

The first concerns a statement made by the former Minister of Education, Milton Ribeiro, when, in an interview with TV Brazil in 2021, he said that “children with disabilities 'got in the way' of other students without the same condition when placed in the same classroom”. This hygienist discourse sees children with disabilities as abject bodies that should be eliminated from the school landscape. The position from which this discourse emanates is, to say the least, worrying. It is a ministerial enunciation, standing for the head of the federal executive, in the Education portfolio.

What can immediately be inferred from this speech is the evocation of a hygienist ideology aimed at segregating children with disabilities. The former minister also said that education policy should avoid mutual hindrance. In other words, “normal” children were in the way of “abnormal” children, and the opposite was also true. As a solution to this problem, the former minister proposed a return to the creation of specific classes for children with disabilities.

The second, in turn, concerns the return of electroconvulsive therapy as a form of medical treatment. In fact, unlike the case of the segregation of children with disabilities, it cannot be said that this therapeutic method was ever extinguished from the arsenal of treatment approaches available to people with mental disorders. However, in the context of the same government that proposed segregating children with disabilities in separate rooms from other children, the Ministry of Health issued Technical Note No. 11/2019 - CGMAD/DAPES/SAS/MS. This ministerial note states the following:

When it comes to offering effective treatment to patients with mental disorders, the SUS must seek to make the best therapeutic apparatus available to the population. An example of this is electroconvulsive therapy (ECT), which is now listed in the National Health Fund's Equipment and Materials Information and Management System (SIGEM) under item 11711. In this way, the Ministry of Health is funding the purchase of this type of equipment for the treatment of patients with certain severe mental disorders who are refractory to other therapeutic approaches (Brazil, 2019, p. 06).



From a practical point of view, Technical Note 11/2019 - CGMAD/DAPES/SAS/MS is not discretionary about which mental disorders would justify the purchase of equipment, with public money, to apply electroshock to the skull of potential patients.

This was done by the Executive Secretariat of the National Commission for the Incorporation of Technologies into the Unified Health System (CONITEC by its acronym in Brazilian, Comissão Nacional de Incorporação de Tecnologias), through the publication of the “Report on the Recommendation of Clinical protocols and therapeutic guidelines”, published in November 2021. This document devotes 105 pages to discussing a Clinical Protocol and Therapeutic Guidelines for Aggressive Behavior in Autism Spectrum Disorder. In this report, in item 7.3, which discusses “Other treatment options”, we come across the following recommendation:

Electroconvulsive therapy (ECT) has been pointed out as an option in the treatment of aggression - especially self-directed aggression - both in patients with adequate neurodevelopment and in patients with ASD. [...] The results have been promising and are based on the hypothesis that self-injury in ASD is an alternative sign of catatonia, a neuropsychiatric syndrome of motor dysregulation often associated with ASD. [...] The use of ECT in psychiatry and neurology declined significantly in the 1970s for various reasons: the advance of pharmacological therapies, inadequate media coverage during the anti-asylum struggle and reports of patients who were subjected to this technique without an appropriate indication or even in a punitive manner, all of which stigmatized the use of ECT. Currently, the technique employed uses more modern devices [...] regarding risks, the seizure resulting from ECT can cause transient increases in blood pressure, myocardial oxygen consumption, heart rate and intracranial pressure. Caution is required for patients with cardiovascular, pulmonary or central nervous system impairment or high-risk pregnancy. [There is no recommendation for the use of these alternatives (ECT and EMT) in any of the international clinical guidelines consulted. It is important to note that the evidence is still very incipient, and these options are reserved for severe cases and should be evaluated by a specialized team, and are not recommended by this Protocol (CONITEC, report, 2021).

From this excerpt, there are at least two contradictory fragments: a) the first, in which CONITEC categorically states that, “the results [with ECT] have been promising and are based on the hypothesis that self-injury in ASD is an alternative sign of catatonia”; and b), the emphasis in which CONITEC weaves a semi-denial of what it previously stated: “[. ...] that the evidence is still very incipient and that these options are reserved for severe cases and should be evaluated by a specialized team and are not recommended by this Protocol” (CONITEC, 2021. p. 25).

Now, if the options are reserved for serious cases, then they are recommended for these cases, and assessed as serious. But CONITEC closes this item with an attempt to evade responsibility for what it is proposing by saying that ECT is not recommended “by this Protocol”. When you read the excerpt and look carefully at the highlights, you can see that there is an objective recommendation for the use of ECT and EMT. In addition to the obviousness of the recommendation expressed verbatim, if this therapeutic procedure wasn't in fact recommended, it wouldn't be present in a text of therapeutic recommendations.

Faced with this recommendation from the Ministry of Health, it is not possible to analyze the discourse contained in Technical Note 11/2019 - CGMAD/DAPES/SAS/MS in any other way than a discourse steeped in hygienist ideology. Furthermore, it is a proposal to dismantle the anti-asylum struggle that has been undertaken by various sectors of the Health Sciences and Human Sciences fields, with much greater force, since the 1970s (ABRASME, 2015). The “Clinical Protocol and Therapeutic Guidelines for Aggressive Behavior in Autism Spectrum Disorder”, published by CONITEC, goes beyond this and, through the “unspoken”, recommends ECT for children with ASD who are considered to have aggressive behavior.

The exceptions to the use of ECT concern people with heart disease, metal parts in the brain/skull and pregnant women, especially those with high-risk pregnancies. At no point are there any reservations about the use of ECT in children. In other words, from CONITEC's point of view, ECT is recommended for children with ASD, who are considered aggressive.

ECT is an experience that triggers strong feelings of anguish and has effects that can range from forgetting names to severe mental confusion. However, hygienist ideology tries to construct solutions to complex social issues, placing the problem on the individual and using all the (pseudo)scientific devices necessary to separate or annihilate bodies that are undesirable for the reproduction of capitalism. Indeed, it cannot be said that people with ASD are seen in this society as bodies that are undesirable to capital. In a capitalist society, everything is a collection of commodities, and the bodies of people with ASD are no exception to this Marxist maxim.

The epidemic of diagnoses of people with ASD, including adults who have lived a significant part of their lives without the effects of a diagnosis of this nature, has proliferated on the contemporary scene. The therapies demanded by these diagnoses create real market niches, whether for the pharmaceutical industry, for sectors of education specializing in ASD, or for non-governmental organizations specializing in comprehensive care for people with ASD.

In the school context, the inclusion of children with disabilities in special classrooms resurrects an exclusionary educational policy that makes it impossible to have a plural social experience of coexistence between differences in the name of segregation and normalization. In the field of health, the return to asylum policy makes it possible to treat so-called aggressive children with ASD with electroshock therapy. This is a dismantling of the anti-asylum policy and of practices that violate human rights. A child with ASD who does not speak or use alternative communication may be unable to consent to such treatment.

Damage to memory, reasoning and maintaining attention are irreversible side effects mentioned by patients who have undergone this therapy (ABRASME, 2015). Indeed, not only the documents issued by the Brazilian national executive present questionable therapeutic proposals. At international level, the American Psychiatric Association (APA) has been producing editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) since 1952. This manual is currently in its fifth edition and is a vade mecum of psychiatric disorders.

It is on this basis that the diagnoses for behavioral and learning disorders are classified. However, right in the introduction to this manual, the APA itself recognizes the absence of etiology (a branch of knowledge whose object is to research and determine the causes and origins of a given phenomenon) for the mental disorders that are described throughout the pages of the DSM.

The psychiatrists who agree with the existence of the DSM seek to identify incontestable etiological or pathophysiological mechanisms to validate these disorders (ABRASME, 2015). In other words, if there is no etiology for the content of the DSM, and this document is the foundation for the classification of mental disorders in the world, the role of the DSM in society is worrying, to say the least.

## **The Diagnostic and Statistical Manual of Mental Disorders**

Any human being, at any given moment in life, is susceptible to being labeled with one (or more) psychiatric disorders, as identified by the DSM. Armed with the DSM, the medical figure has exercised and continues to exercise a power capable of certifying and intervening in so-called pathological bodies, labeling who is or isn't mentally compromised, and who is or isn't healthy.

However, Allen Frances (2013), the psychiatrist who directed edition IV of the DSM, in a statement published by the newspaper *El País* (2013, p. 02) said the following: "We have created a diagnostic system that transforms every day and normal

problems of life into mental disorders [...] the result has been a diagnostic inflation that causes a lot of damage, especially in child psychiatry”.

One of the material consequences of what Allen Frances (2013) announced are the situations in which education professionals, confronted with reality and lacking the knowledge to deal with it, refer children to health services when they show any behavior considered abnormal, such as school complaints or because they are agitated and undisciplined, even at a very young age.

School indiscipline is certainly not a pathology. It can be seen as a deviation from the current school norm. If the school, as an institution that normalizes behavior, establishes in its Pedagogical Political Project that all children must, for example, sing the Proclamation of the Republic anthem before starting classes, and a certain group of children are unable to sing this anthem because they don't meet the school's expectations, these children can be labelled as having learning deficits or behavioral problems. These, in the light of the DSM, can be understood as mental disorders.

A nine-year-old child, given their introduction at the age of six in the first year of elementary school, and given the automatic progression for two subsequent years, should in principle have already completed the literacy cycle (1st, 2nd and 3rd years of elementary school). This child should therefore be able to read and have some degree of understanding of what they are reading. That said, let's take the first stanza of the Proclamation of the Republic anthem for analysis purposes, a text that concerns all Brazilian people, regardless of age, gender, ethnicity, social class, physical condition, and so on: “Be a pallium of light unfolded | Under the wide expanse of these skies | This rebel song, which the past | Comes to redeem from the most torpid toils!”.

Reading this first stanza, we can challenge university professors in the field of Health Sciences, for example, to read and interpret this stanza. We could be in for some big surprises with the results of each interpretation. But that's not the main issue. One of the most curious things about this hymn is that, although it was composed in 1889, just one year after the formal abolition of slavery in Brazil, its fourth stanza reads as follows: “We do not believe that slaves were once in such a noble country Today the red glimmer of dawn Finds brothers, not hostile tyrants”.

When reading the stanza, if the child manages to establish a relationship between what is said in the hymn and the material and historical reality, they will certainly have problems with indiscipline. In other words, if the child can read and interpret, they will have problems; if they can't read and interpret, they will also have problems. These problems, in the light of the DSM, can be understood as mental disorders.

We could ask ourselves if, in the light of the DSM, the authors of the anthem had cognitive disorders because they didn't believe that, a year after the formal abolition of slavery, Brazil had legally enslaved black people for almost four centuries. Obviously, this is poetic license. A poetic license full of racism, which, in turn, has also been treated for centuries as a pathology of individual behavior.

Drapetomania was also defined as a disease that affected enslaved people and whose main symptom was the attempt to escape from their condition of oppression. This disease resulted from the elucidations of Samuel A. Cartwright, a physician and member of the Louisiana Medical Association, who published this diagnostic classification in an article in the *New Orleans Medical and Surgical Journal*. The treatment for Drapetomania (from the Greek, *drapetes* - escaped; *mania* - madness) was initially the whip as a measure of psychological castration for the attempt to escape from slavery; and in recurrent cases, the recommended treatment was the amputation of the toes, since they contained the nerve endings necessary for the body's balance, its firmness on the ground and the running that allowed escape.

Obviously, we know that Drapetomania was a pseudo-scientific effort to justify the horrors of slavery. What human being doesn't seek to escape from oppression? The invention of Drapetomania is similar, on the contemporary scene, to the invention of diseases-of-not-learning and diseases-of-not-behaving. With due regard for the singularities that mobilized the intellectuals of each time to create these diseases, we can set up these analogies. In the case of Drapetomania, this was an invention that contributed to the maintenance and strengthening, based on scientific racism, of the slave mode of production. On the other hand, the diseases-of-not-learning and the diseases-of-not-behaving, based on scientific ableism, are aligned with the maintenance and strengthening of the capitalist mode of production.

In the contemporary scenario, we see a proliferation of diagnoses of mental disorders in the school environment, especially Attention Deficit Hyperactivity Disorder (ADHD); Autism Spectrum Disorder (ASD); Bipolar Affective Disorder (BAD); and Oppositional Defiant Disorder (ODD). The proliferation of these diagnoses signals a deepening of the process of medicalization of childhood that is inscribed in schools, producing labels, social stigmas and psychological suffering as justifications for the individual failures of those who are labelled. This phenomenon "consists of the search for medical causes and solutions, at an organicist and individual level, for problems that are eminently social in origin" (Moyses and Collares, 1985, p. 10).

ADHD is a category that aims to justify school failure, repetition or low performance. Inadequate behavior can now be grouped into this diagnostic invention.

As a result of these referrals, children are diagnosed and medicated earlier and earlier, so that if they can't learn and behave, at least they don't get in the way of others who can. In this way, it's not the school that fails. It is the child who fails, and this failure does not concern the material conditions in which they are immersed, nor does it concern the ways in which the school is organized to cater for the diversity present in it. By being labeled with ADHD, the child's failure is theirs alone and the sole and exclusive responsibility of their health problem.

In view of this movement calling for a de-pathologization and de-medicalization of childhoods, it is imperative to think that, in the subjective order, the sickening processes triggered by this model of society produce psychic suffering, unease and anguish in the subjects. Complex affections that are sometimes incapable of being elaborated by developing subjects.

### **Final considerations**

From the constructions that have been made so far, we understand that failure “in” school is inevitably failure “of” school. In fact, the failure of children at school is often confused with the failure of the school. This confusion is a form of discourse propagated under the aegis of the dominant ideology that sustains capitalism. This is nothing other than a narrative that aims to relieve the state of its responsibility for failing to fulfill its role of guaranteeing decent living conditions for the population, blaming the subjects for their own failure. The intersection of racist, sexist, ageist, ableist and other narratives contributes to this end. Specifically, when we look at the inflation of medical diagnoses of mental disorders, what we see is the reissue of the hygienist discourse that marked the beginning of the 20th century, once again emanating from the Brazilian state, backed by pseudo-scientific theories, and with a view to segregating children labeled with pathological inventions that we define here as “diseases-of-not-learning” and “diseases-of-not-behaving”. It is in this hygienist ideology that school failure and the medicalization of children with deviate learning or behavior from the norm finds its strongest link. The hygienist action of the state; the medicalization of children with diagnoses of “diseases-of-not-learning” and “diseases-of-not-behaving”, as well as the project of scrapping public education that produces school failure find pseudo-scientific support in the DSM.

From the diagnostic hyperinflation, showed even by the number of pages added in each of the five editions of this document, it can be seen that any human being, at any moment in life, is liable to be labeled with some (or more than one) psychiatric

disorder. The more diagnoses of “diseases-of-not-learning” and “diseases-of-not-behaving” that are produced, the more this new field of market activity will expand.

This is a market for scientists, for education and health professionals, entrepreneurs in the field of technological development, who work in the various areas of knowledge and scientific-technological development.

So, for a small group of entrepreneurs in the education and health sectors to expand their markets, pathologies are invented to sell treatments, products and equipment. This creates an environment that is profoundly harmful to humanity and fertile ground for the psychological suffering of individuals.

In this scenario, subjects diagnosed with “diseases-of-not-learning” and “diseases-of-not-behaving” are led to see no alternative to appease the anguish they feel outside the scope of the use of psychotropic drugs.

The invention of these illnesses is linked to the project of producing school failure and the medicalization of children, not to produce a better quality of life, but to deepen the fields in which the market operates, and which are of interest to the productive business sector, in other words, which are of interest to economic development.

This economic development is taken to its ultimate consequences, even if it means subjecting children to electroshock therapies, the consumption of drugs with an important level of chemical dependency or the stigmatization of these children, from the earliest ages until the end of their lives.

Thus, we point to theoretical elements that aim to support the fact that, in the field of education, a political-economic movement has been built up, orchestrated by sectors of society that concentrate power over the production of knowledge and over the economy; that these sectors have shown a strong commitment to the invention of “diseases-of-not-learning” and “diseases-of-not-behaving”; and that one of the indicators of this commitment is the fifth Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

We understand that the normalizing and naturalizing function of Medicalization organizes the bodies that are desirable and undesirable, those that meet the norm and those that break it, and by the same token, organizes, sections, and dictates behavior, learning, levels of intelligence, sexuality, and ways of life as a whole.

Medicalization thus makes human complexity and the diversity of ways of being in the world impossible since it sets up standards and forces individuals to adhere to the norm.

We need to step up research into the medicalization of childhood from the point of view of economic sociology; the proliferation of new diagnoses; the foundations of

the medicalization of childhood; gathering data on the pharmaceutical industry, drug consumption and its relationship with childhood; analyzing data from CAPS-i in order to obtain psychosocial overviews of mental health care for children and young people; analyzing (de)medicalizing pedagogical practices; reflect on the critical pedagogical perspective, which places the pedagogue at the center of evaluations and interventions in learning and behavior expressed at school; create, implement and evaluate de-medicalizing proposals at school; investigate the (de)medicalizing practices of Specialized Educational Assistance teachers, in order to build a pedagogical intervention detached from the crutches of classical psychiatry; understand the biopolitical devices at school, etc.

In medicalization, the right to education is provisional, since depending on the clinical condition, attendance at school is subject to bargaining, and the right as a non-negotiable good is relativized.

There is a fear of diversity, in which ways of life are always subject to a process of human equalization, to fine-tune subjects to the dictates of normality established by psychiatric supremacy.

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**RESUMO:**

Este estudo investigou as relações entre o fracasso escolar e a medicalização dos comportamentos e das aprendizagens infantis desviantes da norma. Para isso, buscamos sustentar, no campo da Educação, têm-se construído um movimento político-econômico orquestrado por setores da sociedade que concentram o poder sobre a produção do conhecimento e sobre a economia. Esses setores têm demonstrado forte empenho na invenção de doenças-do-não-aprender e de doenças-do-não-se-comportar. Um dos indicadores de tamanho empenho é o advento do quinto Manual Diagnóstico e Estatístico de Transtornos Mentais (DSM-5) e seus desdobramentos na sociedade. O que nos apontou para uma organização social que produz patologias e sofrimentos psíquicos em detrimento da sustentação das molas do neoliberalismo.

**PALAVRAS-CHAVE:** Fracasso Escolar; Medicalização; Doenças-do-não-aprender; Doenças-do-não-se-comportar; Neoliberalismo.

**RESUMEN:**

Este estudio investigó la relación entre el fracaso escolar y la medicalización del comportamiento y el aprendizaje de los niños que se desvían de la norma. Para ello, buscamos argumentar que, en el campo de la educación, se ha edificado un movimiento político-económico instrumentalizado por sectores de la sociedad que concentran el poder sobre la producción de conocimiento y la economía. Estos sectores han mostrado un fuerte compromiso con la invención de enfermedades-de-no-aprender y enfermedades-de-no-ser. Uno de los indicadores de tal compromiso es la llegada del quinto Manual Diagnóstico y Estadístico de los Trastornos Mentales (DSM-5) y sus efectos en la sociedad. Esto nos ha señalado hacia una organización social que produce patologías y sufrimiento psicológico en perjuicio de sostener los resortes del neoliberalismo.

**PALABRAS CLAVES:** Fracaso escolar; Medicalización; Enfermedades-de-no-aprender; Enfermedades-de-no-comportarse; Neoliberalismo.