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Medicalização da infância: uma análise sobre o estado do conhecimento a partir das pesquisas de mestrado em Educação e Psicologia no Brasil (2010-2020)[1]

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Resumo
As discussões acerca do fenômeno da medicalização da infância demonstram como os sofrimentos humanos e a própria existência são patologizados desde a mais tenra idade. Dessa forma, objetivamos discutir sobre esse fenômeno a partir das pesquisas de mestrado em Educação e Psicologia no Brasil (2010-2020). Para isso, optamos por uma pesquisa bibliográfica do tipo estado do conhecimento, à luz da Teoria Histórico-Cultural, cujos fundamentos se assentam no Materialismo Histórico-Dialético. As categorias analíticas foram: medicalização e interseccionalidade; medicalização, exigências da sociedade capitalista e indústria farmacêutica; e medicalização e formação de professores. Os resultados indicam que as intervenções de cunho médico repercutem no imaginário coletivo como responsáveis pela melhora no funcionamento biológico e cognitivo da criança e por sua aprendizagem e desenvolvimento, justificando processos medicalizantes na infância. Ainda, as exigências da sociedade capitalista, somadas aos interesses da indústria farmacêutica, contribuem para a promoção inadvertida de psicofármacos, incidindo igualmente na formação de docentes.

Palavras-chave: Criança. Desenvolvimento. Educação. Medicalização. Psicologia.

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Medicalization of childhood: an analysis of the state of knowledge based on master's dissertations in Education and Psychology in Brazil (2010-2020)

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Abstract
Discussions about the phenomenon of medicalization of childhood show how human suffering and existence itself are pathologized from the earliest age. Therefore, this article aims to discuss this phenomenon based on the research of master's degrees in education and psychology published in Brazil (2010-2020). For this purpose, we chose bibliographic research of the state of knowledge type, in the light of the cultural-historical theory, whose foundations are based on the historical-dialectical materialism. The analytical categories were: medicalization and intersectionality; medicalization, demands of capitalist society and the pharmaceutical industry; and medicalization and teacher training. The results show that medical interventions resonate in the collective imagination as responsible for improving children's biological and cognitive functioning and their learning and development, justifying processes of medicalization in childhood. However, the demands of capitalist society, in addition to the interests of the pharmaceutical industry, contribute to the unintended promotion of psychotropic drugs, which also affects teacher training.

Keywords: Child. Development. Education. Medicalization. Psychopharmacology.

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Medicalización de la infancia: un análisis sobre el estado del conocimiento a partir de investigaciones de maestría en Educación y Psicología en Brasil (2010-2020)

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Resumen
Las reflexiones sobre el fenómeno de la medicalización de la infancia demuestran cómo el sufrimiento humano y la propia existencia son patologizados desde la más temprana edad. Así, este artículo tiene como objetivo discutir este fenómeno a partir de la investigación de maestrías en Educación y Psicología publicadas en Brasil (2010-2020). Para ello, se optó por una investigación bibliográfica del tipo estado del conocimiento, a la luz de la Teoría Histórico-Cultural, cuyos fundamentos se basan en el Materialismo Histórico-Dialéctico. Las categorías analíticas fueron: medicalización e interseccionalidad; medicalización, demandas de la sociedad capitalista y de la industria farmacéutica; y medicalización y formación docente. Los resultados indican que las intervenciones de naturaleza médica resuenan en el imaginario colectivo como responsables de la mejora en el funcionamiento biológico y cognitivo del niño y de su aprendizaje y desarrollo, justificando los procesos medicalizadores en la infancia. Aun así, las exigencias de la sociedad capitalista, sumadas a los intereses de la industria farmacéutica, contribuyen a la promoción inadvertida de psicofármacos, afectando también la formación de los profesores.

Palabras clave: Niño. Desarrollo. Educación. Medicalización. Psicología.

Introduction

Much has been debated about the incursions that medical rationality has made into society, infiltrating various spheres of life and categorizing a multitude of existential human issues as pathologies. It is no coincidence that we are witnessing an unprecedented diagnostic proliferation, affecting even children (SILVA; BAPTISTA, 2021). Historically, difficulties in the teaching and learning process, as well as differences and so-called social disorders, have come to be regarded as anomalies to be mapped and marginalized by a hygienist ideology aimed at containing and cleansing the social body, reverberating within the school, specifically concerning children's behavior (WANDERBROOK JUNIOR, 2007).

In this context, the phenomenon/process of medicalization of childhood has become prominent in correcting and adjusting children's behavior, including the use of psychotropic medications as a quick strategy to address academic failure, encompassing supposed difficulties and/or behavioral problems manifesting in the core of learning and human development processes. This strategy tends to shift every day and social issues to a homogenizing biological and individual dimension, blaming the individuals and absolving other social institutions from responsibility (COLLARES; MOYSÉS, 1994; MOYSÉS, 2001; BRZOZOWSKI; CAPONI, 2013; TULESKI; FRANCO, 2019; BELTRAME, 2019).

This medicalizing trend, disseminated by various social actors, also pertains to the appropriation of work as a fundamental human activity by capitalist logic. The biomedical discourse, integrated into this system and promoted by the pharmaceutical industry, imparts meaning to everyday demands, even those not medical in nature, acting at a subjective level: making people believe that using medications can achieve effective health and quality of life, well-being, happiness, and ultimately the balance necessary to face life's vicissitudes (MANCE, 1998; TULESKI; FRANCO, 2019). Social relationships are sometimes replaced by psychotropic drugs, leading to fragile connections, as well as impacting health categories and the market (MENDOZA, 2014).

Similarly, teaching becomes permeated with contradictions of this system, characterized by rapid, decontextualized, and fragmented training, expedited deadlines, and demands for good results. This often results in the referral of students to health specialists as an institutional strategy. When faced with challenges in pedagogical work, teachers sometimes seek psychotropic drugs to induce behavioral changes in children that help them fulfill their educational role, confining problems to the biological apparatus. Furthermore, biologistic, deterministic, and individualistic conceptions of

learning and human development in initial and continuing education only reinforce medicalizing processes in childhood (PATTO, 2015; GARCIA, 2019).

In contrast to this scenario, the Historical-Cultural Theory (HCT), developed by Lev Semyonovich Vygotsky (1896-1934) and collaborators, based on Karl Marx's Historical-Dialectical Materialism (1818-1883), emphasizes the study of human development as a dialectical, inseparable, and constantly transforming unit. The Belarusian psychologist believes that the more experienced individual must create conditions and educational strategies, without which learning and human development would be unlikely (VYGOTSKI, 1995). This theory reinforces the need for social ties and mediation processes rather than "remediation," positioning the other as indispensable for the development of specifically human functions: The Higher Psychological Functions (HPFs).

To address the topic presented, the discussions in this article focus (exploring other aspects) on medicating children as the primary and only strategy for dealing with difficulties encountered in the learning and school development processes, overlooking aspects beyond the organic. In this logic, experiences are transformed into medical conditions, prioritizing limitations over potentialities. We also discuss suppressed, concealed, and silenced pains and sufferings, as being productive and happy at all times or at least appearing to become, ordinarily, a rule to be followed (FREITAS; AMARANTE, 2017).

In this way, we start from the following guiding question: *What have research in the field of Postgraduate Studies in Education and Psychology, at the master's level, discussed about the medicalization of childhood between the years 2010 and 2020? We aim, therefore, to discuss the phenomenon of the medicalization of childhood based on master's research in Education and Psychology in Brazil, between the years 2010 and 2020*. To this end, we conducted a bibliographic research of the state of knowledge, using the Historical-Cultural Theory (HCT), which has Historical-Dialectical Materialism as its epistemological foundation.

This article is organized into four parts: (i) The state of knowledge as research: investigative trajectory; (ii) Medicalization and intersectionality; (iii) Medicalization, capitalist society demands, and the pharmaceutical industry; and (iv) Medicalization and teacher training.

Initially, we present the process of organizing the state of knowledge research, discussing the criteria for selecting the studies analyzed. Parts ii, iii, and iv refer to the categories discussed based on the selected research. The first category addresses the phenomenon of medicalization of childhood in interface with the phenomenon of school failure. The second category concerns the interests of

capital, the capture of labor, processes of subjectivation, and the dissemination of fetishized representations around commodities, propagating forms of relationships based on psychotropic drugs. The third and final category deals with the fragility and fragmentation of initial and continuing teacher training, contributing to the maintenance of medicalizing processes in childhood.

I) State of Knowledge as Research: Investigative Trajectory

This research addresses the *state of knowledge* regarding the medicalization of childhood in Brazil from 2010 to 2020 by surveying master's theses from Graduate Programs in Education and Psychology. Essentially qualitative, state-of-knowledge research is bibliographic, descriptive, and inventory-based. It centers on mapping, systematizing, and analyzing scientific production on a specific topic within different fields of study or a selected area over a defined period (FERREIRA, 2002).

According to Ferreira (2002, p. 258), this type of research seeks to answer "[...] what aspects and dimensions have been highlighted and emphasized in different times and places, in what ways and under what conditions they have been produced [...]", utilizing master's theses, doctoral dissertations, conference proceedings, seminars, journals, etc. This process of retrieval does not merely reproduce existing knowledge; rather, each researcher examines the research subject from a particular perspective, applying a new approach and consequently generating new insights (LAKATOS; MARCONI, 2003).

The mapping of research (theses) was conducted in October 2021 using the Brazilian Digital Library of Theses and Dissertations (BDTD), as this platform provides "[...] greater visibility to scientific production and the dissemination of scientific and technological information to society at large" (BDTD, 2021). Using the advanced search system available on the platform and focusing on the period from 2010 to 2020, the following descriptors were employed: (1) *medicalization of childhood* and (2) *medicalization of the child.* As a result, a total of 108 studies were initially identified.

We note that the temporal cut-off intentionally coincides with the launch of the Forum on Medicalization of Education and Society (FSMES) on November 11, 2010, in São Paulo (SP), during the First International Seminar on Medicalized Education: Dyslexia, ADHD, and Other Supposed Disorders. Colaço (2016) suggests that there was an increase in research on this topic following this event.

The next step involved applying inclusion and exclusion criteria to the titles, which reduced the total number of studies for abstract analysis to 23. The inclusion criteria were: studies containing the descriptor in the title or abstract; and studies that address the topic. *The exclusion criteria were: studies focusing on other populations (not children); repeated studies with the same descriptors; studies that diverge from the main theme; and studies from other graduate programs (not in Education and Psychology*).

Of the 23 abstracts analyzed, two were unrelated to the main theme (one from the Psychology field and one from the Education field), leaving 21 theses on the topic of the medicalization of childhood for full reading: eight from Education Programs and 13 from Psychology Programs. This distribution shows a predominance of research in the Psychology field (62%) compared to Education (38%).

After reading and systematizing the research (title, year, authors, objectives, theoretical framework, methodology, contributions, geographical distribution, originating institution, research locus, and gaps), thematic axes were defined. These included: *a) Medicalization of sexuality in childhood and adolescence; b) Debates on medicalization, from initial teacher training to continuing education; c) The influence of the pharmaceutical industry; d) Medicalization and the acquisition of competencies in the capitalist scenario; e) Processes of medicalization, social class, and gender*.

Subsequently, the thematic axes were regrouped by affinity, forming the basis for the development of the following analytical categories to be discussed: *a) Medicalization and Intersectionality (II); b) Medicalization, Demands of Capitalist Society, and the Pharmaceutical Industry (III); c) Medicalization and Teacher Training (IV)* (see Table 1, as follows)).

Table 1 - List of Selected Works by Year, Title, Author(s), Graduate Program (PPG), and Highlighted Analytical Category.

n°	Title	Author(s)	Year	Graduate Program (PPG)	Category(ies)
1	The Medicalization of Behavioral and Learning Problems: A Social Practice and Control.	SUZUKI, Mariana Akemi	2012	Postgraduate Program in Psychology.	II, IV
2	Medicalization of Children with School Complaints and the Family Health Support Center (NASF): A Critical Analysis.	LOPES, Luiz Fernando	2013	Postgraduate Program in School Psychology and Human Development..	II, III
3	Schooling in Diagnosis: Children in Concrete.	MENDOZA, Ana Maria Tejada	2014	Postgraduate Program in School Psychology and Human Development..	II, III, IV
4	The Medicalization of ADHD in Children: Considerations of Basic Education Teachers on the Characteristics Defining the Disorder.	VOLLET, Fernanda	2015	Postgraduate Program in Teaching and Formative Processes	II, III, IV
5	Medicalization in Education: Perspectives of a Teacher and a Psychologist Working in the Educational Field.	SANTOS, Caio Cesar Portella	2015	Postgraduate Program in Education.	II, IV
6	Not Learning at School: The Search for Diagnosis in the (Dis)Encounters Between Health and Education.	TERRA-CANDIDO, Bruna Mares	2015	Postgraduate Program in Psychology. escolar e do desenvolvimento.	II
7	The Ritalin Miracle: Now He Copies Everything!: What Teachers Say About Children Diagnosed with ADHD.	LENZI, Cristiana Roth de Moraes	2015	Postgraduate Program in Education.	II, III
8	The "Inconveniences" at School: A Study on the Medicalization of Children and Adolescents and Their Strategies of Resistance..	ANTONELI, Patrícia de Paulo	2015	Postgraduate Program in Education.	II.
9	The Production of Knowledge and Its Implications for the Practice of Referral, Diagnosis, and Medicalization of Children: Contributions from Historical-Cultural Psychology.	COLAÇO, Lorena Carillo	2016	Postgraduate Program in Psychology..	II, III
10	Lightning Existences: Medicalization in Full Time	ABREU, Lorena Dias de	2016	Postgraduate Program in Psychology..	II, III
11	The Development of Voluntary Attention in Early Childhood Education: Contributions of Historical-Cultural Psychology to Educational Processes and Pedagogical Practices.	LUCENA, Jéssica Elise Echs	2016	Postgraduate Program in Psychology..	II, III

12	Reception Services for Children and Adolescents and Medicalization: Narratives of Resistance.	MASSARI, Marina Galacini	2016	Postgraduate Program in Psychology..	II
13	Attention Deficit/Hyperactivity Disorder in Schoolchildren from São José do Rio Preto and Categorization of Publications on the Topic.	DARIM, Naraia Perin	2016	Postgraduate Program in Psychology..	II, III
14	The Medicalization of Childhood: A Study with Teachers from the Municipal Education Network of Goiânia on Referrals to the Family.	SANTOS, Geane da Silva	2017	Postgraduate Program in Psychology..	II, III, IV
15	Discourse and Medicalization: The Meaning of ADHD for Parents of Elementary School Students.	ARAÚJO, Wilma Fernandes de	2017	Postgraduate Program in Psychology..	II, III
16	Medicalization of Childhood in Education: A Reading from the Capitalist Discourse of Jacques Lacan.	LIMA, Thaís Cristina de	2017	Postgraduate Program in Psychology..	II, III
17	Medicalization of School Life: Cartography of Practices Involved in the Production of School Failure and the "Problem Student."	REGO, Marise Brito do	2017	Postgraduate Program in Psychology..	II
18	Hygienization and Medicalization of Children in Brazil: Approximations in the History of the Medicine-Health-Education Relationship.	FRANCO, Letícia Cristina	2018	Postgraduate Program in Education.	II, III
19	How Medicalization Processes Respond to Policies and External Evaluations: A Look from the Discourse of a High IDEB School	GARCIA, Amanda Trindade	2019	Postgraduate Program in Education.	II, IV
20	The Medicalization of School Complaints: Medical Power and Knowledge in the Production of Subjects in a Municipal School in Santo Antônio do Sudoeste-PR.	ORTEGA, Fabiola Regina	2019	Postgraduate Program in Education.	II
21	Inattention and Hyperactivity in School Contexts: Symptoms of a Social and Cultural Disorder.	VALENTE, Andrea Lunardelli	2019	Postgraduate Program in Education.	II, III

Source: Systematized by the authors (2023).

Once this procedure was completed, we chose Vygotsky's Historical-Cultural Theory (HCT), developed by Lev Semyonovich Vygotsky (1896-1934) and collaborators, as the theoretical framework for discussing the categories. It is worth mentioning that the epistemological foundations of HCT are based on Karl Marx's Historical-Dialectical Materialism (1818-1883), taking into account the historical materiality of human life as a cultural product that reveals its organizational forms in

society, and dialectics, which refers to "[...] the way we think about the contradictions of reality, the way we understand reality as essentially contradictory and in constant transformation" (KONDER, 2008, p. 7-8).

From this perspective, the researcher's goal is to go beyond factual reality and phenomenological appearance toward theoretical knowledge about the object of study: understanding its structure and dynamics, reproducing in the ideal plane (of thought) the real movement, its objective and concrete existence (NETTO, 2011). By incorporating Marxist dialectics, HCT also discusses the being as a unified and dialectical entity, in constant movement and transformation, traversed by the other and the surrounding world, a subject synthesized by multiple determinations (SAWAIA, 2009).

Therefore, in HCT, learning and human development cannot be understood independently of historical, social, and cultural forces, as these play a determining role in the formation of individuals. This is because both learning and development are processes triggered by relationships established with the environment and cultural mediators—family members, teachers, and various others in the surroundings—situated in unique times and social contexts.

Biological aspects are not ignored but are considered to be subsumed under cultural mediation, which fundamentally allows the formation of specific human functions: Higher Psychological Functions (HPFs) (VYGOTSKY, 1995). Thus, this theory emphasizes the indispensability of the more experienced other in intentionally mediating learning and human development processes from the earliest age, processes that occur from the extrapsychic (social plane) to the intrapsychic (internal plane

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II) Medicalization and Intersectionality

In advance, we present some authors from the selected works who significantly contributed to the analyses related to the category of medicalization and intersectionality, namely: Suzuki (2012), Mendoza (2014), Lopes (2013), Vollet (2015), Colaço (2016), Lucena (2016), Massari (2016), Antoneli (2015), Lenzi (2015), Darim (2016), Rego (2017), Santos (2015), Garcia (2019), Terra-Candido (2015), Lima (2017), Santos (2017), Araújo (2017), Franco (2018), Abreu (2016), Ortega (2019), and Valente (2019) (see Table 1).

The concept of medicalization was especially employed during the 1960s and 1970s, attempting to address the expansion of medical jurisdiction and the consequent subjugation of other forms of knowledge, in response to what were considered behavioral deviations, deemed as illness, and subsequently, any life adversities (CONRAD, 2007). However, it is worth noting that the term had

been used since the 18th century, with the rise of modern medicine and the emergence of the hygienist movement in the 19th century, but gained more prominence and expression in scientific literature after World War II (1939-1945) (FREITAS; AMARANTE, 2017; BELTRAME, 2019).

Contemporarily, we can say that medicalization designates a complex, broad, and multidetermined historical and social phenomenon/process in which non-medical everyday problems of a political, moral, and existential nature are addressed from an individualizing medical point of view. The causes of presented difficulties and/or experienced conflicts are attributed to symptomologies of organic nature localized in individuals (CONRAD, 2007).

This proposition allows for understanding the phenomenon beyond the direct use of medications or the association with the medical figure. It has been discussed that the presence of the professional is no longer a necessity for medical rationality to be ingrained and manifested in social practices. Thus, everyday problems become physiological dysfunctions confirmed or legitimized by theoretical arrangements inclined towards correction and normalization, which, appropriated by individuals and shared from early childhood, are perpetuated throughout society. In other words, medical rationality is disseminated by various social actors who may not always be aware of it, resulting in the pathologization of life (CONRAD, 2007).

Circumscribed to the biological, the disease becomes characterized as a problem delegated solely and exclusively to the affected individual, absolving other social institutions from responsibility (BRZOZOWSKI; CAPONI, 2013). In this context, it is not surprising that differences, what are considered excesses or deficits, are appropriated and transformed by the phenomenon of medicalization of childhood into deviations, disruptive symptoms, or learning difficulties— aspects that, being eminently interferable, become directed and remedied by health specialists (FREITAS; AMARANTE, 2017).

In the case of the supposed difficulties presented by children in the school environment, Suzuki (2012), Lopes (2013), Mendoza (2014), Vollet (2015), Colaço (2016), Lucena (2016), and Massari (2016) suggest that the brain is often regarded as the catalyst for learning and development, even concerning the psyche (from emotional problems to intellectual deficits). This reinforces the use of psychotropic medications in the processes of child education and learning, reducing children to mere adjuncts in the understanding of health.

This biologicist approach ends up relegating historical-cultural genesis to the background, disregarding the importance of the more experienced other, precisely the one who mediates the

processes of learning and human development (VYGOTSKI, 1995; SUZUKI, 2012; LOPES, 2013; MENDOZA, 2014; VOLLET, 2015; COLAÇO, 2016; LUCENA, 2016; MASSARI, 2016). This does not account for a range of conditions in which the supposed difficulties occur, including the weaknesses of the Brazilian education system, the freezing of funds, the withdrawal of labor rights, and the consequent devaluation of teachers, the lack of criticality regarding the adopted teaching methodologies, and the very role of education (SUZUKI, 2012; LOPES, 2013; MENDOZA, 2014; VOLLET, 2015; SANTOS, 2015; TERRA-CANDIDO, 2015; LENZI, 2015; ANTONELI, 2015; COLAÇO, 2016; ABREU, 2016; LUCENA, 2016; DARIM, 2016; MASSARI, 2016; SANTOS, 2017; ARAÚJO, 2017; LIMA, 2017; REGO, 2017; FRANCO, 2018; GARCIA, 2019; ORTEGA, 2019; VALENTE, 2019).

In this context, an aspect highlighted in some of the conducted research is (SUZUKI, 2012; ANTONELLI, 2015; LENZI; 2015; SANTOS, 2015; TERRA-CANDIDO, 2015; COLAÇO, 2016; LIMA, 2017; SANTOS, 2017; FRANCO, 2018; GARCIA; 2019; ORTEGA, 2019; VALENTE, 2019) concerns the discussion of the phenomenon of the *medicalization of childhood* in relation to the phenomenon of school failure, given that the historical and contextual link has shown how some intersectional differences are captured by these phenomena and overlaid by hegemonic knowledge in the social order, culminating in medicalizing processes (PATTO, 2015; VIÉGAS; CARVALHAL, 2020).

These discussions, according to Akotirene (2019), are enabled by the lens of intersectionality, as it "[...] equips us to see the modern colonial matrix against groups treated as oppressed [...]" (AKOTIRENE, 2019, p. 27). Intersectionality is thus understood as an analytical lens through which we can understand structural interactions and their effects, whether political or legal, on individuals (AKOTIRENE, 2019).

This notion can be used to recognize and discuss inequalities, oppressions, and exclusions based on different social markers that reflect on human experiences, engraved and reproduced in the body, form, and control mechanisms of social institutions. Some of these markers include: skin color, age, gender, sexual orientation, income, profession, place of residence/community/territory, presence or absence of special needs, culture, belief, etc.

These differences, in light of socially established concepts and preconceptions, become classificatory factors, connected to expectations and stereotypes historically reinforced about people and/or certain groups (such as intergenerational poverty, school failure, and criminality/delinquency).

Within intersectionality, it must be acknowledged that certain differences may exert greater influence, without intending to minimize any human experience (AKOTIRENE, 2019).

In this sense, Patto (2015) highlighted the collective responsibility in the genesis of school failure by tracing the development of certain theories that resonated in Brazil, characterizing it as a *complex psychosocial phenomenon*. The author noted a social polarization inclined to view children from lower socioeconomic backgrounds as predisposed to difficulties in the teaching and learning process and to consider poverty as synonymous with negligence, carelessness, indifference, and even illness.

The researcher highlights that, in this process, there was a "[...] strong and traditional social tendency, in which many researchers participate, to make the poor – seen as a link between the savage and the civilized – the repository of all defects." (PATTO, 2015, p. 72). The same applied to Black individuals, as exemplified by Saint-Simon's[4] statement in 1803: "[...] revolutionaries applied principles of equality to Black people: if they had consulted philologists, they would have learned that the Black person, according to their organization, is not capable, under equal educational conditions, of being raised to the same level of intelligence as Europeans" (PATTO, 2015, p. 56).

It is important to briefly mention the issue of ableism, as it relates to the individualization of complex social processes and the social tendency toward the standardization and stigmatization of bodies supposedly "destined for failure." Ableism consists of forms of discrimination (distinction, restriction, or exclusion) against people with disabilities, portraying them as abject, physically and intellectually incomplete beings – incapable bodies (TST, 2023). It is a deterministic narrative grounded in the idea of an ideal body, with skills and competencies that are not seen as compatible with disability, reinforcing medicalizing processes (which underscores the need for anti-ableist dialogues and practices).

Patto's (2015) historical analysis shows that Eugenics, Hygiene Theory, and the Cultural Deprivation Theory provided the foundation for the phenomenon of the medicalization of childhood, promoting biologicist, deterministic, and individualistic assumptions about human conception. In summary, Eugenics theory, developed in 1883 by the English anthropologist, meteorologist, mathematician, and statistician Francis Galton (1822-1911), referred to the genetic improvement of

[4] Count of Saint-Simon (1760-1825), French philosopher and economist.

the species: for Galton, intelligence was an innate quality exclusive to "white and scholarly" people (the white European standard), and could be encouraged through the union of similar pairs.

In parallel, hygiene theory in Brazil[5] (beyond the containment of infectious diseases was related to the cleansing of the social body by health professionals and ruling classes. This included teaching behaviors and habits considered healthy from childhood through *compensatory education programs* for deficits (GUALTIERI; LUGLI, 2012), and the treatment of *the mentally ill, maladjusted, and disabled* in isolated institutional settings (MOYSÉS, 2001; PATTO, 2015).

Moreover, the Cultural Deficit Theory reached its peak between 1960 and 1970 in the United States (USA). According to this theory, the environment in which a child lives prevents them from assimilating culture, primarily due to material poverty, intellectual deprivation, and disorganization within the family dynamic. This situation negatively impacts the child's emotional, cognitive, and social development. The causes of academic failure are thus attributed solely to the child and the family, and their impoverished living conditions (ASBAHR; LOPES, 2006).

In Brazil, these theories had a significant impact, leading to the transformation of school complaints and even the unique characteristics of children into medicalizable pathologies (BELTRAME, 2019). Regarding education and the treatment of children who struggled to learn or were deemed abnormal, the initial professionals to address these issues were doctors, particularly psychiatrists. They established an organicist view of learning and human development in the educational field, which, for them, thoroughly explained academic performance based on the evaluation of natural aptitudes.

In this view, "[...] social contradictions should be controlled in the same way as any other natural phenomenon [...]" (EIDT; MARTINS, 2019, p. 17), creating a confusion between biological determination and the historical and social development of humanity, which affected teaching and the practices of educators and psychologists. Regarding hygienist practices from the 1930s onward in Brazil, the goal set in educational institutions was to prevent future agitators hidden behind childhood, leading to a rigorous mental hygiene process (WANDERBROOK JUNIOR, 2007).

Teachers were instructed to identify students in poverty, and if they showed signs of illness, malnutrition, physical or intellectual disabilities, they were to place them in personalized or less personalized classes or refer them to services for adjustment (PATTO, 2015). From an early age, professionals were trained to focus on deficits, limitations, and not on the possibilities/potential of students.

[5] From the 20th century onwards.

Similarly, Brzozowski and Caponi (2013) noted that some of the "deviations" medicalized from the mid-20th century, particularly pertain to hyperactivity and lack of attention in the classroom, which are primary symptoms of Attention Deficit Hyperactivity Disorder (ADHD). Early discussions about ADHD focused on a mix of distraction, agitation, and impulsivity presented by children, mostly boys, in the 1980s, shifting the focus from hyperactivity to difficulties in maintaining attention.

The treatment itself did not change, but the diagnostic category expanded to include more children (even increasing incidence in girls), adolescents, and eventually distracted adults (CONRAD, 2007). Critically, "[...] research on brain biochemistry gives hope for the development of a teaching methodology and has supported explanations for children's behaviors and the causes of school failures" (BRZOZOWSKI; CAPONI, 2013, p. 212).

Considering the contributions of the analyzed research, the phenomenon of the medicalization of childhood and the phenomenon of school failure often become interlinked, mutually reinforcing each other and socially marking the student's life (such as through labels and stereotypes). Students who do not read or write with the desired fluency at the corresponding educational stage, who show low academic performance and a history of multiple failures, who drop out of school regardless of circumstances, who do not adapt to institutional rules, or who have diminished self-esteem whether due to experiences at school or outside it are examples of the so-called school failure (labeling of non-learning), making them potential consumers of medication (SUZUKI, 2012; ANTONELLI, 2015; LENZI, 2015; SANTOS, 2015; TERRA-CANDIDO, 2015; ABREU, 2016; COLAÇO, 2016; LIMA, 2017; SANTOS, 2017; FRANCO, 2018; GARCIA, 2019; ORTEGA, 2019; VALENTE, 2019).

Similarly, intersectional differences become a constitutive element of school failure, or even the very difficulties manifested by the child that become medicalized. According to Boarini and Yamamoto (2004), much of the explanations for human difficulties and diversity are based on organic-biological assumptions and are endorsed by scientific validation. The referrals and guidelines in these cases are based on the inadaptability stemming from the subjects' intellectual, natural, and hereditary origins, gaining a nosological description socially validated by psychiatric and differential psychology tools.

Instead of being considered in terms of its possibilities and creative virtue, the difference is converted into an impediment. Excuses and justifications are created to obscure responsibilities, used to support the outsourcing of education to the medical category (GARCIA, 2019; BELTRAME,

2019). The latter is tasked with managing supposedly troubled human relationships, often with the permission of an allusion with the aid of the esteemed "magic label".

The presented theories significantly impact children's lives and thus need to be addressed in studies for a better understanding of the social construction of school failure in the Brazilian context, as influenced by the medicalization of childhood. It is important to highlight that transforming difficulties or unique characteristics of individuals into medicalizable conditions through medical rationality results in changes in the social context, in the way human beings are conceived, and in their learning and development. This leads to a predominant dichotomized and conflicting view in the educational sphere and beyond of biological versus social, and body versus mind (BELTRAME, 2019; VIÉGAS; CARVALHAL, 2020).

Contrary to this, Vygotsky (1995) emphasizes the importance of a comprehensive analysis of children's particular experiences as a dialectical unit, considering the context, culture, and individuals in their environment. This involves scrutinizing the quality of mediated social relationships and promoting processes of mediation rather than "remediation.

III) Medicalization, Capitalist Society Demands, and the Pharmaceutical Industry

For the analysis of the category of medicalization, capitalist society demands, and the pharmaceutical industry, the authors of the selected studies have made significant contributions to the discussions, as exemplified by the following studies: Mendoza (2014), Lopes (2013), Vollet (2015), Colaço (2016), Lucena (2016), Lenzi (2015), Darim (2016), Santos (2015), Lima (2017), Franco (2018), Abreu (2016), and Valente (2019) (see Table 1).

Regarding the topic of *medicalization, the degradation of working conditions*, along with the *coercive practices of the capitalist reproduction model on societal relations* comprising a set of habits and beliefs, knowledge, and various social and cultural achievements characterize the socio-metabolic innovations of capital that come to order and govern collective life (ALVES, 2011). In this system, the mode of commodity production permeates the mode of subjectivity production, a process that mediates the relationship between individuals and their interactions with nature.

In this logic, the everyday activities necessary for existence are semiotically organized, considering fetishized representations, that is, regimes of signs chosen and disseminated by an immediate, productivity-driven, and consumerist culture. In the case of medications, this is also

encouraged by the pharmaceutical industry, affecting the way meanings and interpretations are assigned to the surrounding world; the way priorities are defined (MANCE, 1998).

Gois (2015, p. 2) explains that:

> [...] in the capitalist mode of production, labor becomes increasingly degraded, turning human labor power into a mere commodity used to produce other commodities. In this sense, work is not a form of human fulfillment but rather a means for individuals to survive in society.

This transformation involves the devaluation of labor as a formative aspect of human development, which becomes distorted from its educational principle. It is through activity, specifically in the labor process, that individuals engage with the historically developed systems of meaning created by human cultural traditions, assigning particular meanings based on their experiences, learning, and developing (LEONTIEV, 2004).

Learning and development are understood to occur within social relations, centered on labor as a primary activity that constitutes specifically human functions and forms the generic being. Social attributions of labor "[...] become the 'real consciousness' of individuals, reflecting the subjective meaning that the reflected has for them." (LEONTIEV, 2004, p. 100, author's emphasis). Thus, when captured by the capitalist system, labor no longer signifies or represents an inventive and creative activity that educates and produces culture, allowing individuals to appropriate the historical and cultural heritage of humanity. Instead, it becomes the means of maintaining capital interests, the sole means of subsistence.

Consequently, the logic of exchanges and rewards propagated by capitalist society extends beyond market relations. It permeates life's vicissitudes and human consciousness, coming to dominate it at various levels. With society's shift to an immediate, productive, and competitive rhythm, good results are now swiftly demanded regardless of circumstances. It's no longer sufficient to perform a function; one must achieve excellence as a result of that performance.

There is now a demand for versatility, commitment, loyalty, proactivity, expressiveness, agility, teamwork, and supposed autonomy—attributes linked to the accelerated development of cognitive-behavioral skills (disconnected from the notion of human wholeness) to increase productivity and profitability: negotiation skills, statistical deduction, formal data reading and interpretation, oral, written, and visual expression, etc. (ALVES, 2011).

As Mezzari, Facci, and Leonardo (2019, p. 202) point out, “[...] if we assume that labor constitutes a person, the primary activity in adult life, when it does not contribute to human formation, it can lead to illness.” When converted into a factor of suffering, individuals may resort to a variety of drugs from dawn to dusk: drugs to sleep, drugs to concentrate on work, drugs to stimulate or suppress appetite, drugs for headaches, stomach issues, blood pressure, anxiety, and so on. In the *daily struggle, initially, there is no space for illness, weakness, or vulnerabilities*.

In the intimacy of the home, it is not surprising that this suffering and other issues ignored throughout the day can disturb sleep, generating a multitude of emotions and feelings that may be previously unknown, starting a new cycle cemented by the social maxim: "There is a remedy for everything in this world!"

According to Freitas and Amarante (2017), the medicalization of contemporary individuals is linked to an epidemic of psychiatric drugs rather than an epidemic of disorders (the same can be thought of in relation to the syndrome of creating syndromes). Historically, psychiatry has been responsible for providing concise and objective responses to behaviors deemed troublesome, involving the prescription of drugs based on psychic dysfunctions and chemical imbalances localized in the brain.

These responses appear to be well-regarded by the pharmaceutical industry, considering the strong partnership observed from 1950 onwards between the industry and medicine (particularly psychiatry), wandering between those who have the power of prescription and those who can manufacture drugs on a large scale, or between diagnoses and psychopharmaceuticals. After discussing the issue, the authors leave the question open: "Does the increase in medication consumption mean we are becoming healthier or sicker?" (FREITAS; AMARANTE, 2017).

Moreover, the utilitarian perspective of industrial-capitalist civilization, combined with the medicalization of society, reifies medical rationality, presenting it in its concrete form: consumer goods. In the realm of commodities, various procedures and medications express and represent reality, incorporating needs and materializing qualities that, though abstract, are associated with values inclined towards health, well-being, care, and beauty. Driven by marketing, the Medical Industrial Complex (MIC) and Big Pharma not only create and propagate certain needs to the population but also the solutions.

The consumer object that would satisfy these needs is readily available, displayed in showcases, billboards, pamphlets, press articles, consultations, website catalogs, commercials, and other advertisements (merchandising). It is easy, practical, and quick to metaphorically occupy spaces, fill

gaps, and reverse difficulties, even those related to learning (LEFEVRE, 1989; LOPES, 2013; MENDOZA, 2014; ABREU, 2016; COLAÇO, 2016).

In line with this reasoning, Lopes' (2013) research reveals that "[...] the biologizing discourse and the mercantile practices of modernity suggest that individuals acquire their 'pharmacological wellness package' at 'the best stores in the market'" (LOPES, 2013, p. 20). It is not just about treating those considered ill but significantly about the healthy, making available options targets of human desire. This is also one of the shocking aspects rooted in the process of medicalization: encouraging standards, renaming diseases, creating new ones, and trying to associate them in some way with current or developing procedures and medications. Not to mention the contribution of informational technologies and daily content: natural disasters, accidents, violent massacres, wars, crimes, or conversely, the success of aesthetic procedures and miraculous diets on social media, slim bodies, impeccable outfits, and exemplary lifestyles. This is a set of factors that tends to generate insecurities, fears, anxieties, and more frustrations, increasing the desire for safety, physical and psychological integrity, and social acceptance/approval, fueling the search for health services and technologies.

However, even though there might be a sense of protection or normalcy when medical care and its technologies are indiscriminately incorporated into daily life, there is, on the other hand, a certain disposition to remain in the role of the patient, to accept any recommendations passively without questioning, which extends beyond just health matters (FREITAS; AMARANTE, 2017).

Alongside this, the lack of information about what is consumed, particularly in the case of medications, improper use, and the absence of non-pharmacological alternatives have led to: a) a reinforcement of indiscriminate self-medication; b) harmful side effects such as intoxications, resistance to medication, liver disorders; and, conversely, c) chemical dependency or abandonment of treatments. Therefore, there is an exacerbation of initial conditions and, even worse, the development of comorbidities.

Social problems that arise are increasingly being solved on an individual level, and medicating becomes the solution to endure crises and meet routine demands. The medication or "[...] the pill is seen as a sign, indicating that with it the individual is capable of acting more appropriately, and without it, their self-control capacity diminishes" (TULESKI; FRANCO, 2019, p. 10). As signs, medications come to "represent" the achievement of self-fulfillment, well-being, health, and comfort in the era of happiness pills or "happy pills."

What is being advertised and sold are these fetishized representations that are meant to fulfill what each individual believes they lack (WHITAKER, 2017; LIMA, 2017). These representations project onto consciousness the need for power, control, possession (of goods, people), wealth, and pleasure, while prohibiting everything contrary, including inequalities.

Marx's concept of *commodity fetishism* in *Capital* emphasizes how objects, including medications, are imbued with a sense of magical power or significance beyond their practical use. This "magical" attribute is a result of the social and economic relationships behind their production and consumption, rather than any inherent supernatural quality. The symbolic power attributed to these commodities reflects the ways in which they are valued and perceived within a capitalist society, influenced by the labor and social processes that bring them into existence.

Martinhago (2018) argues that the medicalization trend in schools reflects a broader societal shift where everyday challenges are increasingly framed as psychiatric disorders. This framing often leads to an overdiagnosis of conditions such as ADHD, driven by the interests of the pharmaceutical industry. The result is a diagnostic inflation that prioritizes medical solutions over understanding the socio-cultural context of children's difficulties. The pharmaceutical industry, by aligning with biomedical discourses, promotes quick-fix solutions via medications, reinforcing the notion that personal and educational challenges can be resolved through external, pharmacological means rather than addressing underlying social and developmental factors:

> Between the 1980s and early 1990s, ADHD was predominantly recognized as a phenomenon in the United States. Following this success, the American Psychiatric Association (APA), in collaboration with pharmaceutical companies, began to expand the diagnosis to other countries. For example, in Germany, diagnoses increased by 381% from 1989 to 2001; in the United Kingdom, ADHD medication prescriptions rose by 50% between 2007 and 2012; and in Israel, prescriptions doubled from 2005 to 2012. Globally, the use of Ritalin increased from 17% in 2007 to 34% in 2012. In the United States, 10% of children and adolescents aged 4 to 18 were diagnosed with ADHD in the same year. The global sales of ADHD medications generated $11.5 billion in 2013.

The fact that many children do not remain seated, do not focus on the tasks at the expected time, or do not follow the institution's rules has, in a decontextualized manner, supported the assumption of difficulties or behavioral deviations (MARTINHAGO, 2018; COLAÇO, 2016). The understanding that these issues are organically localized justifies the actions of healthcare professionals and the prescription of medication, thereby conditioning the harmonious interaction of the child-family-school triad.

In the accelerated capitalist logic, it is noteworthy that, as a sudden and seemingly effective measure, medications not only address complaints related to children by medicalizing educational processes but also alleviate the teaching journey (WHITAKER, 2017).

IV) Medicalization and Teacher Training

Once again, we recognize the importance of citing authors from the selected works who have significantly contributed to the analyses of the category *medicalization and teacher training*, such as: Suzuki (2012), Mendoza (2014), Vollet (2015), Garcia (2019), and Santos (2017) (see Table 1).

It is known that the knowledge acquired from initial teacher training (undergraduate programs) does not always address the challenges imposed daily in professional practice. The very context of school work is marked by historical and social contradictions, institutional configurations, and organizational dynamics of pedagogical praxis, which involve all sorts of students and their particularities. From this context arise experiences that demand frequent review and methodological deepening from teachers in their teaching activity, considering that the specificity of teaching lies in generalized knowledge of a scientific-cultural nature that dialectically transforms along with its target audience: human beings (Tozetto, 2017).

For this reason, given the need for ongoing studies, with the involvement of states and municipalities, continuing education is offered to teachers. These are educational processes that extend throughout the teaching career, aiming at both professional and personal development (Tozetto, 2017). However, it must be noted that terms derived from capitalist logic, such as excellence, competence, modernization, competitiveness, performance, agility, efficiency, and autonomy, have gained space in pedagogical proposals and other official documents related to education and teaching (Mendoza, 2014).

In view of this, according to Mezzari, Facci, and Leonardo (2019), the diffusion of knowledge has been based and managed according to the dubious interests of the neoliberal model, where educational actions are increasingly fragmented, focused on developing competencies and encouraging decentralization and privatization of education, consequently devaluing public schools. Teaching work ends up being undermined by the contradictions of this system, which operates the reification of relationships, promotes the commodification of education, and deprives it of the ontological condition of human formation that would be inherent to it.

Thus, the factory of the past becomes the school of today, a production field where teachers are forced to deal with simultaneous demands, tight deadlines, and constant pressure due to content loads and performance in external evaluations. Subsequently, the training they receive in the capitalist scenario is transmuted into pedagogical practices in the classroom, reproducing knowledge based on ready-made theoretical models that do not consider the concrete reality and those to whom it belongs (Mezzari; Facci; Leonardo, 2019).

Therefore, the ideology of acquiring competencies disrupts the formative processes of teachers and, by focusing on the propagation of elementary technical, uncritical knowledge, obstructs quality training, instrumentalizing them to perform a set of technical actions disconnected from humanization and the emancipation of others in light of work as an educational activity (Frigotto, 2012; Suzuki, 2012; Mendoza, 2014; Vollet, 2015; Santos, 2017; Garcia, 2019).

According to Moretti and Moura (2010, p. 349), by the end of the 1980s, "[...] and especially during the 1990s, the concept of competence began to be strongly used by professional training systems previously guided by the concept of qualification." Appropriated by the field of education, competence is understood as an internal manifestation of individuals, an individual quality learned or innate. If considered innate, it distances itself from something constructed historically and socially, something that can be developed through educational processes.

Ultimately, it can also be considered a result of routine habits, without a clear understanding of why and for what purpose a particular role is being performed, devoid of meaning (Carvalho, 2015). According to Carvalho (2015), if we do not know how to attribute the purpose of school learning, we are also unable to attribute meaning to school experiences, understanding, from them, political, cultural, and formative significance.

The fact that many teachers do not see the meaning of the activities they propose in the classroom is even more detrimental to the overall school experience. It is their teaching activity that promotes the students' study activity. Thus, the students similarly fail to understand the meaning of what they do, nor the importance of school as a formative and humanizing space.

In the same direction, Garcia (2019) discusses how the precariousness and fragmentation of initial and continued teacher training lead to the reproduction of teaching aimed at training, mechanical learning for acquiring skills and competencies. The author talks about the hastening of teaching, which has imposed a series of pressures on teachers to ensure that children are literate by the end of the 3rd year of Elementary School (Goal 5 of the National Education Plan - PNE; Law 13.005/2014). This means that, by the end of the literacy cycle, children should be able to read, write,

and understand texts adequately. Consequently, they are driven to learn at the same pace as teachers demand, which sometimes does not happen (Garcia, 2019).

In this process, students often repeat and memorize what has been transmitted to achieve a certain performance in proposed evaluations, highlighting a reproductive and memoristic approach to teaching that leads to passive/receptive assimilation of information by the child, in which: teacher-sender → student-receiver. Consequently, Santos (2017) points out that referrals to health specialists have become increasingly frequent, made by teachers in an effort to ensure the child's right to receive an adequate diagnosis and treatment, as what happens to students falls beyond their scope (psychic and biological disorders), justifying psychopharmacological intervention as a form of care.

Referrals are made based on complaints such as disinterest, lack of attention, hyperactivity, and difficulties with calculations, reading, and writing. However, the point of contention lies in the frequent referral of children from the same aforementioned perspective, believing it to be an organically located problem without questioning the teaching methodologies employed, when, in reality, contextual and in-depth evaluations have supported reports suggesting the absence of disorders and the need for reorganization of teaching, as noted by Boarini and Yamamoto (2004).

In this sense, the overcrowding of health care and psychopedagogical assessment spaces for children, combined with waiting lists in medical offices, seems to reflect, at times, more of a difficulty of teachers in dealing with the child than with the child itself. This reinforces the need to invest in initial and continued training courses, but courses that are not centered on biologicist theories of development and naturalization of human relations, undermined by a flood of practices carried out quickly, decontextualized, fragmented, and administered through ready-made materials without the effective participation of teachers, aiming strictly at fulfilling obligations, laws, and their guidelines (Patto, 2015; Garcia, 2019).

For these reasons and others, Moretti and Moura (2010) speak of the urgency of creating spaces with conditions conducive to collaborative teaching work in schools. A collective mobilized towards the production of shared knowledge, overcoming, in this context, the primacy of individual competence. Spaces where teachers can qualitatively attribute new meanings to their actions, to mediation processes, selection of instruments, and appropriation of teaching activity forms, considering the inseparability of cognitive, affective, and social components and understanding that intellectual processes do not spontaneously emerge or are placed in children's minds. If they do not receive the required opportunities, they may not effectively learn and develop (VYGOTSKI, 1995).

Despite this, the early years of Elementary School correspond to the beginning of the child's development of complex skills, such as calculation and writing in the literacy process, i.e., the appropriation of written language and mathematical knowledge. However, for this to occur qualitatively, it is necessary for the teacher to be equipped with strategies that assist children with any difficulties, reorganize pedagogical activities so that, in their learning process, they can mobilize the children's psychological functions to resolve proposed activities, aiming not only at the school context but also at everyday activities (Tuleski; Franco, 2019).

When engaging in activities to acquire this knowledge, the child internally demands a reorganization of their psychological functions, which in turn influences the control of their conduct (volition) (Tuleski; Franco, 2019). At this point, it is necessary to clarify that psychological functions in Vygotskian theory are common to both humans and animals, but they specifically differ in humans by exercising control over their own conduct in society (Vygotsky, 1995).

In the early stages of human life, Elementary Psychological Functions (EPFs) of a biological, instinctive, and immediate nature predominate, such as involuntary attention and memory. Later, through cultural mediation provided by more experienced individuals, these elementary functions are refined, surpassing the earlier stage and evolving into more complex, conscious functions known as Higher Psychological Functions (HPFs), such as voluntary attention, voluntary or logical memory, language, verbal thinking, concept formation, etc. In other words, HPFs develop within EPFs, being functions specific to humanity (Vygotsky, 1995).

Understanding the interdependence between children's psychological functions and the mediation of a more experienced individual is crucial, as Coelho et al. (2021) note that preschool and school periods encompass moments of forming typically human qualities, such as: “[...] language, thinking, concentrated attention, and logical reasoning [...]” (Coelho et al., 2021, p. 9), which are not innate or spontaneous processes but learned, formed over time as expressions of human activity.

Therefore, these are moments when the child significantly relies on the family, teacher, and other individuals in their environment. Thus, although the child may not yet be able to develop certain activities independently, with the mediation of a more experienced person, this reality can potentially be altered, potentially reversing medicalizing processes.

Final considerations

The discussion presented in this article allows us to understand that school learning difficulties and behavioral problems manifested by children (which are often associated with academic failure)

are frequently treated as organically localized issues, contributing to the spread of medicalizing processes in childhood. This perspective provides a dichotomous, biologicist, deterministic, individualistic, and ahistorical view of the child, driving the pragmatism of miraculous solutions, such as psychopharmaceuticals.

Such conceptions simplify and subordinate the complex dynamics of social relationships and the importance of the more experienced other as a mediator of human culture. This mediation is precisely responsible for promoting learning and development processes, mobilizing specific human functions: Higher Psychological Functions (HPFs).

The supposed difficulties in the teaching and learning process are also capitalized. Since they are perceived as merely imbalances in brain chemistry, they can be addressed through medication prescriptions and the subsequent sale of pharmaceutical goods, which are rich in fetishistic representations. These are propagated through marketing and various informational technologies, creating the illusion that purchasing products can easily bring happiness, well-being, health, self-realization, and other aspects. Thus, these are processes of capturing subjectivity that objectify the human being and elevate the status of objects in society, enhancing a logic without gains or relationships. People are discarded as objects, relationships become loose, and bonds are quickly broken.

Moreover, the initial teacher training fails to address the numerous challenges faced daily in professional practice, which is permeated by a system that values competencies, productivity, immediacy, and good results. These courses often focus on elementary, technical, uncritical knowledge that naturalizes human development issues and equips teachers to perform dissociated, fragmented techniques, leading them to refer students to healthcare sectors.

There is an urgent need to ensure conditions for theoretical-critical deepening in continuing education processes. Training should be collectively designed to develop joint strategies for facing and assisting students, engaging with the concrete reality experienced, and breaking with medicalizing processes in childhood.

However, it is important to note that this confrontation involves reversing the precarious working conditions of teachers, contrary to the freeze in funding for education (and health) policies observed in recent years. Not to mention the withdrawal of labor rights, which contributes to the intensification of illness and medicalization processes among workers and students in the Brazilian public education system.

Finally, we do not aim to purely vilify the pharmaceutical industry and diagnoses, nor do we advocate for the elimination or abandonment of any medical treatments. The points highlighted throughout this article support conscious reflections and practices regarding the phenomenon of medicalizing childhood. Thus, we consider that continued research on the topic could provide insights into how medicalization contributes to the pathologization of childhood and influences the production of subjectivity, reflecting and exploring possibilities beyond medication prescriptions.

We suggest extending studies and research to theses, conferences in the field, journals, and the school context, especially to assist teachers, families, and, of course, to listen to and support the main stakeholders in the process: the children.

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