

MEDICALIZATION AND PATHOLOGIZING OF EDUCATION: CHALLENGES TO SCHOOL AND EDUCATIONAL PSYCHOLOGY

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ABSTRACT

This work had as the object of study the historical, cultural and social constitution that transforms learning and behavior difficulties experienced in the schooling process into individual problems, of biological and / or organic nature. The research consists in the analysis of the medical-scientific discourse production that consolidates bases of interpretation of the referring to the learning difficulties as medical or psychological problems, as well as in the organization of the information in a Timeline, about how The Diagnostic and Statistical Manual of Mental Disorders (DSM) have been treating learning difficulties since its first edition. For feasibility, a bibliographic search was carried out in sources such as MEDLINE, PubMed, LILACS, SCIELO, PsycInfo. To compile data and explain the results, the DSM Timeline is presented, which is published in the Virtual Health Library - VHL PSI, at: <http://newpsi.bvs-psi.org.br/uploads/line%20do%20time%20DSM/line.html>, and will be periodically fed.

Keywords: education; medicalization; School Psychology.

Medicalización y patologización de la educación: desafíos a la psicología escolar y educacional

RESUMEN

En este estudio se tuvo como objeto la constitución histórica, cultural y social que transforma dificultades de aprendizaje y de comportamiento vividas en el proceso de escolarización en problemas individuales, de cuño biológico y/u orgánico. La investigación consiste en el análisis de la producción del discurso médico-científico que consolida bases de interpretación del referente a las dificultades de aprendizaje mientras problemas médicos o psicológicos, en la organización de las informaciones en una Línea del Tiempo, acerca de cómo los *The Diagnostic and Statistical Manual of Mental Disorders* (DSM) vienen tratando las dificultades de aprendizaje desde su primera edición. Para viabilidad, se realizó investigación bibliográfica en fuentes como MEDLINE, PubMed, LILACS, SCIELO, PsycInfo. Para recopilación de datos y explicación de los resultados, se presenta la Línea del Tiempo de los DSM, la cual se encuentra publicada en la Biblioteca Virtual de Salud – BVS PSI, en la dirección: <http://newpsi.bvs-psi.org.br/uploads/linha%20do%20tempo%20DSM/linha.html>, e será periódicamente alimentada.

Palabras clave: educación; medicalización; Psicología Escolar.

Medicalização e patologização da educação: desafios à psicologia escolar e educacional

RESUMO

Este trabalho teve como objeto de estudo a constituição histórica, cultural e social que transforma dificuldades de aprendizagem e de comportamento vividas no processo de escolarização em problemas individuais, de cuño biológico e/ou orgânico. A pesquisa consiste na análise da produção do discurso médico-científico que consolida bases de interpretação do referente às dificuldades de aprendizagem enquanto problemas médicos ou psicológicos, tanto quanto na organização das informações em uma Linha do Tempo, acerca de como os *The Diagnostic and Statistical Manual of Mental Disorders* (DSM) vêm tratando as dificuldades de aprendizagem desde a sua primeira edição. Para viabilização, foi realizada pesquisa bibliográfica em fontes como MEDLINE, PubMed, LILACS, SCIELO, PsycInfo. Para compilação de dados e explicação dos resultados, apresenta-se a Linha do Tempo dos DSM, a qual se encontra publicada na Biblioteca Virtual de Saúde – BVS PSI, no endereço: <http://newpsi.bvs-psi.org.br/uploads/linha%20do%20tempo%20DSM/linha.html>, e será periodicamente alimentada.

Palavras-chave: educação; medicalização; Psicologia Escolar.

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INTRODUCTION

Contemporary society has currently witnessed the unrestrained classification of behaviors by both children and adolescents and adults, regardless of the context of occurrence, as relevant to the sphere of psychopathology. Common attitudes, reactions occurring within expected contexts, behaviors sometimes performed in a slightly more intense way have been considered and faced as demonstrations of destabilization, psychic and organic dysfunction (Luengo, 2010). The treatment of the phenomenon has occurred in a radical way: massive doses of medication have been imposed on children, adolescents and adults, notably children, as a way out of the numerous problems encountered, as diagnoses, in doctors' offices.

The justification for the validity of the medicalization of society comes to us in the form of diagnoses, which cling to particular events, transforming them into general conditions and legitimate belonging to daily life, which corroborate their existence and instigate the finding of a way out, a cure for such issues. The cure would come from the use of medication. The prevailing logic is apparently that which supposes the existence of a fall in general health conditions, especially mental health, in contrast to a marked improvement in technological development, especially in the manufacture, control and distribution of medicines, which would be being improved and widely distributed in order to assist as action fronts in this context. In short, the medication would seek to save what the man would be throwing away: his physical and mental health. In addition, it would guarantee immediate improvement for that which deteriorates so easily and admittedly.

According to Garrido and Moysés (2011, p. 150), "Medicalizing means defining, in medical terms, social problems and looking for their origin in biology. It also means believing that the medical domain can lead to the death domain (...)".

We also have in Guarido (2011)

Medicalizing a phenomenon has traditionally had the general meaning of reducing socio-political problems to individual issues. In addition, if the object of Medicine was, up to a certain historical moment, almost exclusively the investigation of diseases, their causes and their therapies, medicalizing a phenomenon or event, had the consequence of pathologizing it (Guarido, 2010, p. 30).

There are indications that the paradigm of understanding what health is, and also mental health, addressed and consolidated during the 19th and 20th centuries, has been deconstructed as it is consolidated. As if there were two ambivalent and simultaneous

movements, which were completed while denying each other: as technology develops and guarantees advances previously unimaginable, the advance itself ensures the return to dependency and subhuman conditions of life.

Souza (2010), when discussing the issue of medication use from the point of view of the schooling process, considers that the increase in the prescription of Methylphenidate also reflects a need for the school to rethink and review the ways in which its teaching and learning relationships have been constituted: What school have we offered to children and adolescents? The researcher considers that the need for drug treatment cannot be the first way of analyzing difficulties in schooling, it is essential to understand the range of conditions in which certain behaviors occur, especially in view of the great difficulties that the education system in Brazil still faces.

In light of the above, we can consider that one of the great difficulties is linked to the understanding of the phenomenon called learning disability. The fact is that this qualifier appears in our language at other times, perhaps with slightly different designations, for quite some time.

Thus, we can understand that what is in question at this moment is the psychodiagnostics, or the notion of psychological subject that we are building and sustaining through this form of approach. What subjectivity is considered? From the point of view of ontogenesis, who is the subject of this definition of learning disability?

We have in Souza (2007) a fruitful discussion about psychodiagnostics. According to the researcher,

When considering that the causes of the school complaint are found in the psyche (emotional problems) or in the intellectual demotion (mental deficiency), which, it is important to emphasize, most of the times the children do not present, we continue to exempt the school system from participation and / or producing these difficulties. Disregarding the production of failure in the set of relationships in the schooling process makes it difficult to propose actions that will modify, at least minimally, school relationships (Souza, 2007, p. 52).

Thus, the signaling seems to come in the sense of pointing to a situation in which the psychological subject who learns, in his subjectivity, is reduced to a health reading, carried out through medical language, which deal with questions regarding the complexity of school situations and educational conditions, treating them as supporting, when considering the teaching-learning process.

In the same way of the phenomenon addressed and to the perspectives and conditions for identification

and intervention with it, we have observed a marked difficulty in contemporary society in terms of dealing with conflicts and setbacks present in relationships. As if it existed, side by side on to human actions, an irreversible myopia that endowed people with the need for guarantees as to the progress of actions and results, or assurance as to the results in the face of the effort required for the actions.

The difficulties of relationships are determining ambiguities in language, posture, and even in the interpretation and application of current moral standards. The need to standardize, finding among the factors linked to the situation an item that appears as a complete explanation, amortizing all the other elements in question, it seems urgent. Once the category has been established and chosen, by means of a simple categorization, everything else becomes subject to exclusion as a component of the "problem" and possible solution together with it as a "fact". According to Bleger (1984, p. 54): "The most difficult factor to handle is not the conflict, but the ambiguity that acts as a buffer or 'non-designer' of the conflicts."

All of this leads us to consider the extent to which misalignments referring to the current misunderstandings and, therefore, in some way allowed, they exist. Since mental illness has been plaguing the population, manifesting itself in various age groups, what understanding have we had of health and mental health? What about educational phenomena, what do we have to say? What is the learning difficulty of school children today? How to embrace the countless diagnoses concluded as of attention deficit hyperactivity disorder - ADHD?

According to Luengo (2010)

School failure is an institutionalized expression, present in the school as a problem, whose existence - which already seems unquestionable - operates producing knowledge. However, if previously the failed student was the one who showed "disinterest", "indiscipline" and "lack of education", nowadays it is the student who presents some type of brain dysfunction of genetic origin, capable of causing deficiencies and disorders in behavior. Medical science crossed the school sphere and today the school is an institutionalized device, which was produced and produced relations of knowledge-power. (Luengo, 2010, p. 61).

In order to give consistency to the discussion and think about how the diagnostic issue has been made possible, we bring to the scene the approach provided by the DSM, The Diagnostic and Statistical Manual of Mental Disorder, which is American origin, whose publication has been gaining massive acceptance,

notably by psychiatrists, who have made their diagnostic guidelines the axis when conducting their work with patients. We can report, about the DSM, that its first edition appears as a publication in 1952, by the American Psychiatric Association (APA). Demands coming from psychiatric hospitals, stemming from situations due to World War II, requested measures from doctors and psychologists. The appearance of behaviors understood as fruits of mental disorder, which occurred during the war and after its end, led to its elaboration. Thus, 106 categories of mental disorder were named, according to Aiex Neto (2012).

Still about the history of the DSM, experiences with mental health issues led North Americans to invest in the collection of information of a statistical nature, in order to understand how the mental illness phenomenon manifested itself, as a pathology, in North Americans, through the numbers. The first step towards the realization of the means to supply this need was the realization of a census, in 1840, seeking out statistical data about two categories: idiocy and insanity. In a second census, carried out in 1880, 7 categories of mental illness were observed: mania, melancholy, monomania, dementia, paresis, dipsomania and epilepsy. In 1917, the so-called American Medical-Psychological Association (which, in 1921, changes its name to the American Psychiatric Association's Statistics Committee) enters the field, which, together with the National Mental Hygiene Commission, carried out data collection for statistical purposes linked to psychiatric hospitals. This work, which was carried out in conjunction with the New York Academy of Medicine, resulted in the first edition of the Classified and Standardized Nomenclature of Diseases of the American Medical Association. The psychiatric and neurological inpatients were used as raw material for data collection (DSM IV, 1995).

The Army, through involvement in wartime, developed a more refined nomenclature, the publication of which almost coincided with the publication of ICD 6 by the World Health Organization. The next step was that the American Psychiatric Association's Nomenclature and Statistics Committee took it upon itself the action and developed a variant of ICD 6, with the support of the Army, which consisted of the first edition of the Diagnostic and Statistical Manual of Mental Disorders (1952) (DSM IV, 1995).

Even so, the need to statistically survey and name data on mental illness persisted, and from then on the world witnessed the progressive emergence of these editions and, with them, a significant increase in the number of named and listed pathologies, as noted above.

We can emphasize that looking for the logic outlined by the DSM helps to understand how the

views about Psychology and its object of studies have apprehended by humanity. The exercise of encompassing knowledge about the psychological is also the exercise of consolidating a practice that strengthens the subjective as an expression of the human, and not rooted in reductionist assumptions. Therefore, seeking complexity with the reading of the psychological through these Manuals supports the unveiling of contemporary points of view about the human in movement (Aíex Neto, 2012).

We also realize how much this prison in ambiguity reaffirms the application of an impoverished reasoning logic. The narrowing of possible correlations, resulting from reductionism, dilutes the ability to perceive and raise awareness of the phenomena witnessed (BLEGER, 1984). The losses are irreparable, since we limit ourselves to stagnating in a universe that, due to the impossibility of evolution, does not represent us phylogenetically or ontogenetically.

Foucault (2008) reminds us: “Madness only exists in each man because it is the man who constitutes it in the attachment that he shows for himself and through the illusions that he feeds” (FOUCAULT, 2008, p.24). The Psychology emerged to break paradigms, considering that it contributes to historically important concepts. Discovering life as a process and knowing how to think about it from this point of view is one of the great challenges in this area that is still under development.

METHOD

Psychodiagnostic from the perspective of The Diagnostic and Statistical Manual of Mental Disorders (DSM):

The excessive increase in the number of psychodiagnostics, notably in the last 20 years, has led us to question the reason why this has been happening, as well as about its consequences. Thus, we conducted a survey with the Department of School Psychology and Human Development, linked to the Institute of Psychology, University of Sao Paulo, which sought to know the medical-scientific discourse that transforms behavioral issues into learning problems. To this end, we appropriated the texts of The Diagnostic and Statistical Manual of Mental Disorders, it is also known as DSM, in order to follow the progress of the diagnostic characteristics described in the Manuals.

The research was carried out in the years 2014 to 2016, and the problematization was the question of the substantial increase in the number of diagnoses referring to learning difficulties, notably within the one presented by the DSM as a proposal, diagnostic criteria and clinical conditions. Seeking to map the evolution of the diagnostic frameworks, a Timeline was organized, whose objective is to hold a lot of information that can be viewed simultaneously, providing a fruitful way to

establish comparisons between the elements that will compose it.

In this Timeline, which was developed by the Systems Analyst Alex dos Santos, the content related to Learning Difficulties present from the first published edition of the DSM, dated 1952, until the last edition, published in 2013 was organized. The content was distributed according to the organization of the Manuals themselves, starting with the indicated difficulty, followed by their description that, in the Manuals, it is given through items, that is, each diagnostic picture is described according to the items in sequence. The items chosen to appear as data to be compared were: Diagnostic Features and Associated Features Supporting Diagnosis, Prevalence, Types (if any), Diagnostic criteria. Not all the items in each table were listed, and the option for the items happened based on the arguments in question, brought in the manuals as a way to explain the evolution of each table, and their significance. Thus, each diagnostic chart referring to learning difficulties was launched in the Timeline, manual by manual, until it was possible to visualize their evolution with their respective descriptions, given from the aforementioned items.

At the same time, a broad survey of texts was carried out that have as content the validation or criticism of the contents of the DSM. The texts were selected from the year of publication of the first edition, notably 1952. It was not possible to find very old texts, with a text dated 1967 as the oldest. The survey consisted of theses, dissertations, books, scientific articles, interviews with newspapers and magazines, always with a focus on content, considered from the approach to the defense or criticism of the DSM. This survey is also included in the Timeline, Manual by Manual, in order to emphasize once again the evolution of their content and the arguments that support the authors' positions.

The aforementioned Timeline, containing the list of publications, is published in the Biblioteca Virtual de Saúde¹ - BVS Brazil Psychology, at [http://newpsi.bvs-psi.org.br/uploads/linha%20do%20tempo % 20DSM / line.html](http://newpsi.bvs-psi.org.br/uploads/linha%20do%20tempo%20DSM/line.html)

The objective of the research was to investigate, along with the prioritized literature, the notes made in relation to issues related to the diagnostic process and, therefore, to understand from the point of view of the perspective of understanding the human being while being in permanent development and full of capabilities, also issues involving pathologization of behaviors and, notably, medicalization of life.

The cut for data collection, in a bibliographic research, was the set of texts from the DSM referring to diagnoses in learning difficulties, previously mentioned

¹ Virtual Health Library – only for Reading purposes in English.

in the article, considering that the Manuals work with diagnoses in several areas, and in great number. As already mentioned, it is known that, in 1952, American society saw the first edition of the Diagnostic and Statistical Manual of Mental Disorders, identified today also by its initials, DSM. This Manual consists of nine editions, namely: with their respective descriptions, given from the aforementioned items.

DSM I: published in 1952;
DSM I - Special Supplement - published in 1965 (*);
DSM II - published in 1968;
DSM II - 6th Printing Change - published in 1973 (*);
DSM III - published in 1980;
DSM III - Review - published in 1987;
DSM IV - published in 1994;
DSM IV - Text Review - published in 2000;
DSM V - published in 2013.

In this research, we have editions I, II, III, III-R, IV, IV-TR and V as the basis for consultation. The editions marked with an asterisk were not included.

RESULTS AND DISCUSSION

It is easy to see, from the data presented in the Timeline, the palpable increase in the number of diagnoses, considering the issues related to learning difficulties. Based on the First Edition of the Diagnostic and Statistical Manual of Mental Disorders, published in 1952, and the last published in 2013, there were many pathologies that emerged, each looking for further details in relation to the presentation of pathologies in previous editions. It is possible to observe what was said in the development of references to them in editions of DSM III-R (1987) and in DSM IV-TR (2000). The justification for the clinical emphases given in the edition of DSM V (2013) arises in order to highlight the social impact of each disease and from this approach the descriptions of the disease and the correlations with the comorbidities arise, as much as the features present, considering the modality clinic of each pathology.

Supporting this statement, there is a discussion about the descriptions made, which privilege a classification of the characteristics of the pathologies called, in the DSM V, Diagnostic Features and Associated Features Supporting Diagnosis. The first reveal the behaviors taking into account their features and show, throughout the editions of DSM III (1980) and IV-TR (2000), a certain repetition of these, as much as no statistical or conceptual justification, from the point of view of constitution of the pathology, for what remains and what is presented with changes. The qualitative discussion does not appear at any time in the presentation of the pathologies and distinction of their component features in the clinical condition.

In Associated Features Supporting Diagnosis, there is a juxtaposition of the pathology added to other diagnostic pictures, emphasizing a description in which the classificatory questions are interrelated. There is also, here, the absence of justifications or explanations addressing scientific research, statistical data, debates, which scientifically explain the interrelationships brought to the public.

The descriptions remain, as such, in the Prevalence item, in which statistical and epidemiological indexes of pathologies are addressed. The statistical data refer to those in force in the United States predominantly, with little data being presented in relation to the other countries. There are also no scientific explanations about the research that support these data, or news of clinical discussions that might contradict what was presented. Variations regarding the appearance of clinical pictures by age group also appear, but the absence of presentation of the procedures that would scientifically substantiate the statistical and clinical material addressed is maintained here.

Another aspect to be emphasized concerns the item Diagnostic Criteria which, in the editions of the DSM identified as III (1980), III-R (1987), IV (1994) and IV-TR (2000), figure as the disease features, being even listed and systematized within this condition. It is also important to consider that in the edition of the DSM identified as V (2013), the Diagnostic Criteria appear as symptoms, supposedly seeking to link the features of the pathology to its symptoms. This context leads to a deepening of the reflection on the basis of psychopathologies, since they seem here to be amalgamated with etiology, semiology and the consequent discussion of the pathology itself, because the boundaries among the scientific fields mentioned are not contoured, generating ambiguities as to the understanding of the origin and evolution of the pathology, as well as the clinical issues of the observed context. The clinically presented diseases indicate, from this approach, belonging to the individual, making it difficult to read the illness as a process, which in turn makes it difficult to discuss the limits between health and disease.

What stands out, as has been discussed, is that the name of the DSM is Diagnostic and Statistical Manual of Mental Disorders and despite the term "statistical" nominally present, there is no presentation and / or discussion about the statistical aspects presented or prospected, limiting the presentations to the indication of the data, considered only from the cash and classificatory point of view, guided by a clinical view of human behaviors.

Continuing with the reflection, one can consider what is caused by the absence of discussion about etiological issues in the area of psychopathology, which

is endowed with enormous complexity and many points still obscure. Ideological issues, certainly, permeate this area of obscurity, pointing to a possible tendency to confusion between pathological phenomenon and its ideological host. What is lost in the midst of this massive classificatory proposal is the openness for discussion about the logic of mental suffering and consequently, of the relevant and fundamental questions regarding the health / disease relationship. This aspect is reduced to the mere possibility of nominal location of the pathology in question, when there is an ongoing psychodiagnostic process.

Returning to the Timeline, and now focusing on the bibliographic survey carried out in parallel with its preparation, 250 publications were found in the period studied concerning the topic of learning difficulties. The criterion used in the search for the bibliographic survey material was: texts that addressed theoretical and practical questions about the content of the DSMs, both corroborating their points of view and criticizing them.

In numbers, the results of the aforementioned survey were:

- Texts favorable to the DSMs: 15 books, 15 interviews, 94 articles, 02 dissertations, 02 theses. Total: 128 publications;

- Texts not favorable to the DSMs: 20 books, 14 interviews, 78 articles, 05 dissertations, 05 theses. Total: 122 publications.

Considering the content, publications favorable to the texts of the DSMs include a biologist approach to human behavior and affection. The neurological issue as the cause of human behavior and the foundation of affection is clearly explained, bringing to light the consequence of this way of understanding human mental functioning: drug treatment. As for authorship, doctors predominate, whether psychiatrists, neurologists, or even psychologists working in the field of neuropsychology. The discussion of behavior and affection held in this format brings within it the insertion of biology as a determinant of these very human aspects, and the result is the interference of these professional points of view with regard to issues not only of health, but of education and socialization.

The school has shown enormous susceptibility to these diagnostic aspects. The child and adolescent “who do not learn” are often referred to the doctor, who performs, in most cases, neurological exams and requests neuropsychological assessments which, once completed, claim that this child or adolescent has something like “risk for ADHD”, “Risk for Dyslexia”, “risk for Specific Learning Disorder”, “risk for Oppositional Defiant Disorder”, or even those mentioned already consolidated condition (in this case, the diagnosis is

presented without the word “risk”). As we know, these are clinical condition described in a classificatory way in the DSM, and the repercussion of this diagnosis in the lives of those diagnosed goes beyond the social issue because once diagnosed, the next step is to resort to medication as a way of coping with the symptoms of the clinical context traced by the DSM approach. Issues related to this were discussed, in numbers, at the beginning of this article.

Looking at publications contrary to the content covered in the DSMs, these come against the biologization of behavior and affection, and criticize the pathologization and medicalization of education and society. There is the defense of considering the ontological subject, the uniqueness of each one and the logic of mental suffering recognizing it as a process and, not just as a result. The collected texts were written by professionals from different areas: psychology, speech therapy, medicine, pedagogy. It is worth mentioning the interview given by Allen Frances, head of the DSM IV coordination and drafting team (APA, 1994), in which Frances categorically affirms that ADHD does not exist (Frances, 2014).

Thus, it can be seen that there is a classificatory approach, the result of a context in which clinical discussion takes place, according to what is signaled throughout the text of DSM V, based on what the authors consider “the social impact of the disease” (APA, 2014, p. 15). Given the above, the issue of symptoms and nosography, considered from a descriptive point of view, makes the discussion about the etiology of psychopathologies unfeasible and makes the search for understanding the logic of mental suffering fade as a starting point.

The classification and systematization of clinical data as a diagnostic approach reduces the breadth of the discussion about the ontological subject in question, as well as the understanding of what is a learning disability. Thus, it has been explained the high rates of medication prescription to children, adolescents and even adults who “do not learn” and, therefore, the exponential growth of what we call the medicalization of education. Reference is also made here to the issues of the Brazilian education system, which adheres to the reading of the learner in the aforementioned terms, focusing on the medical point of view when the need for educational and school decision-making.

Therefore, the importance of understanding the schooling process is highlighted instead of focusing on learning difficulties, according to Souza (2010):

When considering the schooling process, School Psychology starts to emphasize the need that the school is the space in which social and individual relationships are articulated in a network of

complex relationships that need to be analyzed as such. (Souza, 2010, p. 60).

Absorbing the complexity of the school network, as much as it gives support to productive relationships, is, therefore, the task as a reflection and action of the psychologist in the school at that time.

CONCLUSION

The biologicist / organicist approach, which turns physiological symptoms into behavior (Frances, 2014), excludes the possibility of understanding the human being who suffers and, therefore, the nature of suffering. Still regarding this aspect, it excludes the condition of hypothesizing about the real causes of mental suffering, reducing what presupposes a broad understanding of the human, since aspects such as mental health of psychomotricity, psychomotor development itself are disregarded, and the complexity of cognitive development, to mention some points that can be considered. Ambiguity is present, and is reflected in the reflection of Lewontin, Rose and Kamin (1984), when they affirm that sociobiologists, a category of scientists who intend to implement biologism as an axis of reflection and action regarding health issues, they are guided by the following points: divide the organism to explain it; they confuse metaphysical categories with concrete objects; they confuse metaphors with real entities; they combine different phenomena, allocating them in the same place (Lewontin et al., 1984). Perhaps it can be considered that the search for points that prioritize the weakening of the similar can be a strategy that, inducing moral error, opens space for the validity and the exercise of an ideological host that is lurking.

Therefore, we have many challenges ahead, but we consider that, from the point of view of School and Educational Psychology, the fundamental thing is to take into account that we need to know the schooling process more and more. This is a complex process, built on social, cultural, pedagogical, interactional, institutional relationships, crossed by educational policies and a set of historical circumstances. It is essential to know the learning process in your daily, living, real, concrete. The researches in the area that proposes to live and to coexist with the school and its actors has brought and brings important proposals for schooling that aim to overcome the individualizing, pathological and prejudiced view that is still present at school in relation to difficulties faced mainly, in the process of reading and writing. There are countless studies that present non-medicalizing alternatives, centered on the processes of learning, development, schooling, as systematized in the article by Souza et al. (2014). The area built its Technical References for the Performance of Psychologists in Basic Education (2019) in which it presents the main work

proposals to be developed.

With regard to the psychological assessment process, the progress of the discussion of this topic in the area is also considerable. The proposals started in the 1990s and proposed important alternatives through critical theoretical frameworks that take psychological assessment into account as a process of understanding school relationships and not just a clinical approach at the child who is not supposed to learn or does not exhibit desirable behaviors in the school environment. In a book organized by Facci, Leonardo e Souza (2019), it is possible to observe the advances in School and Educational Psychology in the context of psychological assessment, through interactive and interventional work practices with schools, teachers and students. Therefore, they question a diagnostic view that disregards the school, the learning processes, the intersubjective relations present in the constitution of knowledge and that generate human development. The studies reveal the theoretical and methodological foundations of understanding the learning process, of the forms of appropriation of reading and writing, based on historical-cultural concepts and which make it possible to understand the biological dimension as constitutive of the human in their learning relationships.

Faced with a critical mass that today comprises the knowledge in Psychology in its relationship with the field of Basic and Higher Education, it is important to highlight the ethical-political commitment of the psychologist to science, to the democratic school and to a liberating and emancipatory praxis. We cannot continue to remain silent in the face of diagnoses that seal destinations, seal life trajectories. It is up to us, as psychologists, to increasingly open the paths of knowledge and of a critical, consequential and ethical practice.

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