

## Pathologization and Medicalization of Higher Education

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**ABSTRACT** - This paper presents a qualitative participatory research based on Cultural-historical Psychology conducted at University of Brasília. It aims to understand how pathologizing and medicalizing discourses and practices are materialized in daily routine and unfolded in its educational policies. Through participatory observation, documental research and individual and group meetings, the study illustrated how those policies are crossed by traditional conceptions of teaching that individualize schooling problems, maintain exclusionary education systems and end up supporting rights violations. The research shows the need for the university to study its own reality and educational practices, acknowledging its social duty and role of constantly questioning and proposing solutions to the challenges posed to society.

**Keywords:** pathologization of education, medicalization of education, higher education, university

## Patologização e Medicalização da Educação Superior

**RESUMO** - Este trabalho apresenta uma pesquisa qualitativa participativa fundamentada na Psicologia histórico-cultural na Universidade de Brasília com o objetivo de compreender de que maneira discursos e práticas patologizantes e medicalizantes se materializam nesse cotidiano e se desdobram em políticas universitárias. Por meio de observação participante, pesquisa documental e encontros individuais e em grupo, foi possível perceber o atravessamento nessas políticas por concepções tradicionais de ensino que individualizam os problemas de escolarização, mantêm sistemas educativos excludentes e terminam por sustentar violações de direito. A pesquisa demonstra a necessidade de a universidade se voltar ao estudo de sua própria realidade e das práticas educativas que realiza, reconhecendo sua função social e seu papel de constante problematização e proposta de soluções para os desafios da sociedade.

**Palavras-chave:** patologização da educação, medicalização da educação, educação superior, universidade

Medicalization became a core topic in the discussion about the current educational reality. It comprises biological reductionism, explanations about the situation and destiny of individuals and groups through their individual characteristics, masking social, historical, political and pedagogical characteristics. The discussion on this topic has mainly approached Basic Education, but is not exclusive to this school level. There is an evident need to investigate how this phenomenon has been manifested in the Brazilian Higher Education Institutions.

Several fields of Social, Human and Health Sciences have studied the concept of medicalization since mid-19<sup>th</sup> century, mainly from the 1960s onwards. Conrad (2007) defines this concept as the process through which non-medical problems become defined and treated as medical problems, typically in terms of diseases and disorders. The author emphasizes the expansion of this process from the 2000s onwards, represented by the creation of new diagnosis such as Attention-Deficit/Hyperactivity Disorder (ADHD), Anorexia, Panic Disorder, Premenstrual syndrome, etc. Phenomena typical to the human life like birth, menstruation, obesity, anxiety and ageing were medicalized. Deviant behaviors considered immoral, sinful or criminal, depending on the socio-historical context, are increasingly treated as individuals' diseases.

The technological advances in medicine, instead of contributing to explain what is a disease or medical condition,

have facilitate the confusion between the discovery of new diseases and the creation of diagnoses (Szazs, 2007). This, however, is not a recent phenomenon. Based on publications and data, Illich (1975) - one of the pioneer advocators of the discussion about medicalization - made extensive criticism to the medical enterprise, its inefficacy and damages it causes to individuals. He conceptualizes medicalization as the gradual invasion of Medicine over different areas of the human life, changing life stages into objects of specific medical care, regardless the existence of symptoms. He restricts this intrusion to the scope of social control and warns that the increased power and reaching of that science over people's lives work towards changing their pains into disease, destroying their possibilities of coping with everyday sufferings and losses. He denounces the power of medical science and the construction of its status as authority that, as we can observe in our everyday, is virtually unchallengeable.

Another source considered crucial to the study of this topic is the work by the French philosopher and historicist Michel Foucault. He approaches the issue of medicalization through the historical study of the State's implementation of practices and measures of containment, control and registry of diseases, creating of hygiene and health (Foucault, 1977). The industrial society's need for docile bodies useful to the work at plants and schools demands a technology of control over bodies. Therefore, medical science serves as bio-politic in the discourse part of the strategies to manage life, ruling the existential sufferings, ways of living, sexuality and

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maintenance of health, being spread over different areas of human life (Foucault, 2003).

This practice is also expanding in Brazil giving rising to the so-called “Age of Disorders” (Moysés & Collares, 2013b, p. 52) perceived in the drastic rise of the consumption of psychotropic drugs, formulation of medicalizing laws, and gradual expansion of the number of individuals diagnosed with alleged disorders such as ADHD and dyslexia. Today, these disorders are considered serious diseases, disregarding the plethora of questions in the medical science about the imprecision of these diagnoses that, many times, are based on biased research (Sucupira, 1985).

The concept of pathologization recalls a process similar to that of medicalization, focusing on the assignment of disease status to everyday life problems. Anchored in the health-disease binomial, it ends up hiding the influence of historical, social, economic and political aspects on human development, and also individualizes issues that arise from the relation among people (Moysés & Collares, 2013a). Therefore, it stands for the biologization of social conflicts, naturalizing socially-built phenomena and removing historicity, culture and social inequalities - typical to life in society - from the analysis of human existence.

In the field of education, the creation of “not-learning diseased” (Moysés & Collares, 2010, p. 73) reflects the expansion of this process. The existence of students with actual diseases that could damage their cognitive development is undeniable. However, the criticism to education medicalization does not refer to it, but to the conversion of healthy children and adolescents - that manifest nothing but schooling difficulties and behaviors different from those uniformly and homogeneously standardized by the so-called normality - into diseased individuals. It argues the existence of alleged neurological diseases that damage only learning and/or behavior. By resorting to the health field to explain school problems, we exempt the educational system from its responsibility in the production of such problems, conversing problems that were built in a complex way in the concrete school life into individuals’ diseases.

The ideology behind the scientific discourse that seeks for individualizing explanation to schooling-related difficulties is grounded on the myth of equal opportunities and on the idea of human nature that discriminates and segregates people whose development does not follow the standards. In this ideology only the most skilled and competent individuals can be successful. Thus, it uses individual differences to justify social inequalities (Bock, 2003). This is a clear sign that individuals are rendered liable for exclusions and violations built in the scope of unfair social relations.

School is where since early in life people are evaluated, and their performance is justified exclusively by an individual predisposition. In this sense, these institutions are tasked with the duty to identify “best skills” (Leher, 2013, p. 286) and distinguish skilled from the not so skilled to, then, use the results of these evaluations as an explanation to the students’ performance. Underlying this logic we find the concept that school has already reached its ideal format, properly fulfilling its objectives since problems do not lead to the questioning about school’s capacity, but about the capacity of students. Courses, the administrative structure,

teaching-learning strategies, teachers, working conditions, interpersonal relations and all the remainder elements that make up the schooling process remain unchallenged (Souza, 2010). This way, the educational system waives - in an efficacious and well-elaborated way - any responsibility, while school becomes “victim of an inadequate clientele” (Collares & Moysés, 1997, p. 16).

Today, reading and writing difficulties lead to submitting students to several medical exams to assist the diagnosis. Brain areas, the family’s genetic history regarding the remainder physiological areas - which are elements of individual order - are then analyzed. Based on the identification of alleged inherited organic disabilities, the school is notified so that these students are differentiated and treated as diseased individuals in the school life. This is a harmful practice, because the diagnosis and treatment of these alleged disorders are advocated as a core right (Souza, 2010). This brings about a double exclusion: difference is pathologized and the student is equally discriminated.

This practice takes place in detriment to the recognition that the Brazilian education has scored very poorly in quality evaluations of both public and private schools. Education policies impregnated with neoliberal concepts showed their commitment with the interests of hegemonic segments of the class society towards not effectively improving the quality of education to the grassroots (Souza, 2010). This dynamic of blaming the victims is backed by the everyday dehumanization that, per se, produces suffering and ends up being diagnosed as an individual disease. The recognition that current ways of living make people ill is crucial, although this is a quite new discussion in many fields of sciences (Angelucci, 2013).

In this paper we decided to use the expressions “pathologization” and “medicalization of education” together, to emphasize the two sides of this complex reductionism powered in human understanding. Here we conceive the first one as an expression that expands comprehension because it does not recall any specific field of knowledge, and marks the process of conversing schooling problems into individuals’ diseases. The second one, in turn, leads us to a broad historical discussion and a current political militancy, showing how the singular technical-scientific apparatus of medicine has got in education over time, although in different intensities at different moments.

The drastic growth of ADHD diagnoses shows how frequently education and health professionals understand the not-learning and not-behaving properly at school as symptoms of diseases (Meira, 2012). Students’ behavior standardization takes place simultaneously to school’s passivity in the face of the need for co-building with students, in their school lives, the pedagogical practices, institutional rules and discipline. Instead of conceiving the full development of students as part of the educational project, it builds that idea that they are naturally unable and unruly. Therefore, their organic diseases are medicated, silencing them.

Another very controversial diagnosis that illustrates the process of pathologization and medicalization of education is that of dyslexia. Moysés and Collares (1992) have demonstrated how this diagnosis is grounded on vague and unclear concepts from surveys that employed questionable metho-

dologies. Some of these studies even have serious ethical problems. Despite that, these were widely disseminated in events of school failure, mainly in the 1980s and 1990s. This diagnosis represents medicalization since, when considered to be a neurological and inherited disease, it no longer problematizes reading and writing as the social representation of human language and a symbolic constructing. Dyslexia is very weak as a nosological entity in the terms of medical rationality and the strictness expected from this science (Moysés & Collares, 2010).

The pathologizing and medicalizing discourse is present not only in the creation of new disorders and syndromes, but also in the concept of disability that crosses the school life and public policies of education. It is expressed in the understanding of difference as a disability, i.e., as a fault to be corrected or at least minimized, either through therapeutic or pedagogical practices (Angelucci, 2014). It is grounded on the illusionary existence of an ideal, unique development that would allow for alleged true learning. The policies on special education and inclusion, increasingly permeated by terms derived from health, are deeply impacted by these concepts and, therefore, end up producing exclusion (Monteiro, 2014).

In the last decades the policies centered on Special and Inclusive Education have also set some guidelines for the HEIs that impact even the accreditation of new higher education courses and the criteria to evaluate these institutions. There was an expansion of policies oriented to welcome disabled individuals in the university. The *Programa de Acessibilidade na Educação Superior* (Incluir) is one of these policies. The Program was created in 2005 specifically aimed at this education level, focusing on the consolidation of the Accessibility Hubs at the HEIs “to abolish physical and pedagogical barriers in communications and information, environments, facilities, equipment and didactic materials” (SECADI/SESu, 2013, p. 13). This policy allotted resources mainly to the restructuring of the HEIs physical spaces, in compliance with the accessibility rules issued by the ABNT<sup>1</sup>.

Although more focused on Basic Education, medicalization is found in all the education levels and modalities. Corrêa and Baierle (2011) approach higher education in their work with undergraduate students of a private HEI in Rio Grande do Sul that stated to use psychomedicines to improve academic performance. This article promotes in-depth analysis and ethical questioning, in an attempt to understand the role played by those drugs regarding the individuals’ decisions and ways of living. It does not aim, however, to discuss the medicalization of Higher Education or how this phenomenon is manifested in the Brazilian universities.

To that, we must consider the current reality of the Brazilian HEIs so deeply marked by changes on the ways of accessing universities, notably the affirmative actions and policies on students’ assistance (Ristoff, 2014). Designed to provide equal opportunities of access to and permanence at the university, these policies have changed their focus, expanding it to social groups typically excluded from this education level. This reality entails new perspectives of rethinking and restructuring the HEIs. It points out the required improvements to the educational models in order to build

more flexible, comprehensive and welcoming possibilities of training. To materialize these changes at the university it should, in addition to collaborate in nurturing a more democratic society, also become a genuinely democratic space (Santos, 2008).

In our view, reviewing the process of pathologization and medicalization of Higher Education is crucial to promote educational projects that are more open to human development in the university. This survey was carried out at the *Universidade de Brasília* and aims to understand how the pathologizing and medicalizing discourses and practices are materialized in the university life.

## Method

The research was grounded on the historical-cultural concept based on the historical-dialectic materialism to develop a psychology that tries to understand human beings in their concreteness, as products and producers of their histories (Vygotski, 1931/2000; Wallon, 1931/1979). As such, science and policy are not detached, assuming the science’s responsibility in the constructing of a new society. In this light we propose to explain rather than just describe the phenomena. This requires the procedural analysis of the object in its multiple determinations to understand its dynamic-causal grounds. Therefore, we should go beyond appearances, analyzing which concepts drive its actions and the construction of these concepts in the dialectic unit between individual and society. In this light, investigation only makes sense if researchers organize their actions in a purposed and consistent way, pursuing theoretical-methodological procedures capable of answering their inquiries about the object (Moretti, Asbahr & Rigon, 2011).

We carried out a qualitative and participatory research in the *Programa de Apoio às Pessoas com Necessidades Especiais*<sup>2</sup> (PPNE) of the *Universidade de Brasília* (UnB), through participatory observation, documentary survey and person-to-person and group meetings with undergraduate students, professors and staff members of the university, from March 2011 to June 2013. These resources were used to understand the pathologizing and medicalizing logic, as well as its insertion and unfolding at the UnB, mainly focused on the PPNE.

## Research context

The UnB established the PPNE in 1999 as a result of the mobilization of disabled students, professors in the area and public servants that deliver support and assistance for students to cope with the exclusionary university reality that impacted the entry and the conditions of permanence and conclusion. It aimed at the legal frameworks existing by then regarding special education and integration to regular education system (Souza, Soares & Evangelista, 2003).

In principle the PPNE was conceived aimed at the participatory management through Work Groups (WG) engaging

1 Brazilian National Standards Organization.

2 Program of Support to People with Special Needs

different administrative and academic sectors of the UnB, and members of the three university segments, coordinated by members elected every two years among the WGs' members (Souza, Soares & Evangelista, 2003). The Program was conceived as a body to integrate different fronts of action according with the demand presented in each case and the need for building university inclusion in the everyday life. This organization, however, was no longer active in the research period, because the WGs no longer met and the Program team's actions were institutionalized and incorporated into the university administrative day-to-day.

Therefore, the participatory management no longer existed and the work was planned by a team under a previously elected coordination team that, nonetheless, remained in power beyond their initial mandate upon a decision by the Dean's Office. The team was made up by three social assistants, three experts in educational issues, two technical interns for the administrative work, one school psychologist, one coordinator and one vice-coordinator. The work was centered on all the university segments, but focusing mainly on undergraduate students. The target audience comprised the "academic community members with sensorial, physical or intellectual disability, dyslexia, global development disorders or attention-deficit/hyperactivity disorder" (PPNE, *sd.*).

It developed actions on the four UnB campuses in the administrative regions of the Federal District (Ceilândia, Gama and Planaltina) and on the Plano Piloto, where it was installed. The team changed a little during the research: the two technical interns were replaced by an administrative assistant and an expert in educational issues. Moreover, one of the social assistants retired and was not replaced.

### Research subjects

The subjects of this survey were 84 undergraduate students from the four campuses, four graduation students, six public servants, 28 professors and nine course coordinators that attended the PPNE meetings analyzed in the survey.

### Investigation procedures

This study used three research resources in permanent dialogue with each other and taking place simultaneously: Documentary Survey; Participatory Observation; and Person-to-Person and Group Meetings. The first one comprised consultations to and analyses of the CEPE Resolution # 48/2003 that formalizes the Program establishment at the UnB; informational material to disseminate the Program; and, physical and electronic files to record the daily activities performed by the team. Documents were accessed both directly - on the Program's physical archive - or on computers and on the internet for those available to the public.

The Participatory Observation approached the professional day-to-day activities of the PPNE team, where one of the researchers participated as school psychologist all over the research period. Therefore, it comprised both formal - participation in team meetings and councils, services and execution of activities and events - and informal working

situations such as hallway conversations and get-together. The everyday activities were regularly registered on a field journal also raising issues about scientific practices, hypotheses and reflections regarding the investigative process.

The Person-to-Person and Group Meetings were held depending on the demand by the institution and its members, and consisted of meetings and services with one or more members of different segments. They approached the submission of demands to the Program regarding the enrolled students' experiences, as well as the discussion about the possibilities of fitting the university into the students' needs. During the study time period, nearly 110 person-to-person meetings were held with students, 12 with professors and eight with the public servants; 16 group meetings were held with students and their professors, eight with course coordinators and four with students and their families.

### Information-building procedures

The empirical momentum was built throughout the research, based on information arising from the relationship with participants. During the analysis process, information was organized, reviewed and gradually appropriated by researchers to build a summary that, instead of making information static, allows expanding it towards understanding the issue in question.

## Results and discussion

Following we present the Results and Discussion organized in two sections to facilitate reading: Documentary Survey and Meetings. The first section comprises the presentation and discussion of the documents analyzed, while the second approaches some reports of the meetings. However, both sections are permeated with information obtained from the participatory observation to better contextualize and introduce the PPNE everyday practice.

### Documentary Survey

**CEPE resolution # 48/2003.** CEPE Resolution # 48/2003 that "provides for the academic rights of regularly enrolled students with Special Needs" (UnB, 2003) formalized the Program at the University. According to the document, students should have their "deficiency or disability diagnosed and characterized by a multidisciplinary health team, validated by the UnB Medical Committee and/or opinion issued by the *Programa de Apoio ao Portador de Necessidades Especiais*" to "be granted benefits and services" (*idem*, Art. 1). The very first article makes clear the pathologizing process, as it subordinates educational services to the health-disease logic: the student's insertion in the Program is based on diagnosis. The view on the difference presented by the student is medicalizing, since it establishes that the student's first contact with the policy - which should meet his/her needs - is through a health team, as a prerequisite for enrolling at the Program. It establishes a view on differences based on

the medical thinking and ranking of differences expressed by the identification of students grounded in the absence, the disability (Angelucci, 2014).

Undoubtedly, the search for ways to change university to welcome human differences is absolutely legitimate and needed. When educational policies are anchored in strict diagnosis from the healthcare field, and structured around the idea of considering difference as an expression of the individual's pathological condition, they evidence the medicalizing logic. As such, the educational process is built based on human differences rather than despite of these (Angelucci, 2014). The understanding about students' development is then restricted to the pathologizing view - that conceives difference as a disease - instead of placing it in the heart of the pedagogical practice that should stem from conditions, interests and traits of each student when meeting with their fellows and professors in every formal educational space.

Since the beginning of last century Vygotski (1997) showed how insufficient and restrictive this understanding is, evidencing that when disability poses challenges to individuals it provides alternative paths to their development. The schooling process should maximize these paths. Vygotski unveils the prejudice behind the understanding of disability as a lack. Here we do not intend to ignore or idealize difference, but accept it as it is and incorporate it to the educational process not as nuisance, but in its full potential. The pathologizing understanding about difference keeps it in the scope of therapeutic actions, hindering the pedagogical activity scope, and exempting educational institutions from their responsibility over all students.

The Resolution sets as academic rights of the students enrolled at the Program the adaptation of tests, materials and pedagogical equipment, architectural and communication adequacy, and provision of specialized support responsive to the need, as sign language interpreter and reader. According to this rule, the PPNE student can also request extension of time to conclude the course, priority enrollment in subjects, home exercises, additional test time and flexible test correction, "aiming at genuinely appraising the PNE student's academic performance (UnB, 2003, art. 8).

The document represents the traditional policy model centered on the integration of disabled people, aimed to fitting the student to an educational project that remains virtually untouched, except for some minor adjustment to supposedly meet their needs. Therefore, the educational systems continue to be exempted from responsibility, as reported by Collares & Moysés (1997), Souza (2010) and many other authors. The PPNE focuses on providing instrument to fit the student into the university, and contributes to sustain an educational practice that excludes students. As such, it reinforces the illusion that inclusive education is feasible through one-time adjustments to the pedagogical practice, instead of the reformulation, updating and contextualization of teaching methodologies, curricula, educational rooms, interpersonal and labor relationships, as well as many other changes that are crucial for a democratic and quality education for all. By taking on the role of performing actions of limited impact on the institution's educational project, it disregards the main focus of promoting education open to the human development diversity.

**The PPNE Website and Information Brochure.** Jointly with the documents, we have analyzed the Program website (<http://www.ppne.unb.br>, retrieved on August 15, 2016) and the Information Brochure (PPNE, *sd*) delivered to the academic community to present its objectives and initiatives. The documents showed some changes in relation to the original wording of the Resolution.

First, the Program name changed: from "Holders of Special Needs" to "People with Special Needs". In the everyday work of the team, this change was perceived as an adjustment in response to the debates on inclusive education and new legal frameworks, such as the Policy of Special Education in the Light of Inclusive Education (SEE, 2008) among others. This nomenclature, however, entailed some contradictions to the Program's work, mainly regarding the target audience. For the years comprised in the study (and up to these days), the target audience was defined as follows: "The PPNE serves the academic community members with sensorial, physical or intellectual disability, dyslexia, global development disorders or attention-deficit/hyperactivity disorder" (PPNE, *sd*).

Therefore the target audience was expanded beyond disabled individuals. The Global Development Disorder was included based on Decree 7611/2011 about special education and specialized educational service that includes it as part of the Special Education target audience. The diagnoses of Dyslexia and Attention-Deficit/Hyperactivity Disorder had been included due to a demand by students and the partnership with a professor of the UnB *Instituto de Letras* that stated to be an expert on this issue, although this was not her academic field of work.

Most of the students enrolled based on these diagnoses had been diagnosed still in childhood. Therefore, when they entered the HEI they had a background of specialized care delivered at schools or even regarding the university selection tests. This way, it represents the entry of the medicalizing logic - already established in Basic Education - into the university. Some students, however in shorter number, were diagnosed after entering the UnB, grounded on conflicts and difficulties experienced at this level of education. Some professors even asked the PPNE clarifications on the identification of the alleged disorders and referral for evaluation in healthcare services.

This evidences the advance of pathologization and medicalization of schooling problems over Higher Education, and the incorporation of this logic by the university community. The Program plays a clear role in the reinforcement and dissemination of this process when it accepts the diagnoses and unchallengeable nosological entities and the actions of specialized support as the ideal way of accepting the differences presented by students.

The university, as an institution that builds knowledge, plays a core role in the problematization of social reality and in the search for innovative solutions to the challenges posed to it. The uncritical replication of pathologizing and medicalizing logic and practices from other education levels reinforces this phenomenon even more, and is a violation of the very social function of this institution. Instead of absorbing and continuing with classificatory, discriminatory and excluding practices, the HEIs should excel in the deve-

lopment of new concepts, practices and possibilities for the Brazilian education. This situation is even more concerning at the UnB, because the university was created based on the original concept of being a model to the Brazilian universities (Ribeiro, 1978).

**File of Students Enrolled at the Program.** Although the target audience stated by the Program is not restricted to students, only students were enrolled, based on the CEPE Resolution # 48/2003. Services to the university staff members and professors that fit in this audience were scarce and with no formal record. To be registered, students should present a medical report certifying his/her physical, sensorial disabilities, global development disorders, dyslexia or attention-deficit/hyperactivity disorder. First, the applicant participated in a screening interview with one of the social assistants, like an anamneses focused on the report of the disability or disorder, therapies performed and the student’s academic background. The main focus was on the diagnosis and history of its acquisition. Students were also asked about admission in the

university, use of specialized support during the selection and adaptation to the university, mainly regarding physical space and “architectural barriers” (Souza, Soares & Evangelista, 2003, p.111).

In the years covered by this survey, 119 students were registered at the PPNE, of which eight graduate and 111 undergraduate students. Table 1 shows the division of these students according with the diagnosis classification used by the Program. [Table 1]

Therefore, although in principle the Program focused on disabled individuals, by the time of the survey more than half of the students served were diagnosed with Dyslexia and ADD(H). So, in spite of the dissent in the scientific community about these disorders and the serious ethical criticisms to the reaffirmation of these, disorders were reinforced and legitimated in the everyday practice of the Program. The pathologizing and medicalizing discourse about schooling problems was concretized in the university students’ experiences, with impacts on their development and academic training.

Table 1. Number of students registered according to the diagnostic classification by the program

Diagnosis	Undergraduate		Graduate	
	Number	%	Number	%
Physical Disability	18	16	1	13
Sensorial Disability	20	18	7	88
Global Development Disorder	2	1,8		
Dyslexia	9	8,1		
ADD(H)	49	44		
ADD(H) and Dyslexia	7	6,3		
Others	6	5,4		
TOTAL	111	100	8	100

Note. Files of the Program of Support to Individuals with Special Needs (PPNE/UnB).

After registration, students were granted differentiated academic rights like extra time to make tests and evaluative tasks; flexible deadline to deliver works, and transportation in the event of reduced mobility, as well as adaptation of material and physical space according with their disability. The students registered could ask the following:

- 1) Priority Enrollment: Priority enrollment over any other student in the university. Students used to resort to this option to have access to professors whose pedagogical practice was considered to be more welcoming to their needs. Moreover, they sought for more adequate schedules considering the side effects of their medications - mainly those who used Methylphenidate, the damages of which have been largely reported (Benasayag, 2013; Moysés & Collares, 2013b) – or due to structural problems like poor lighting that hindered the access to classrooms.
- 2) Special Mentoring Program: Monitoring by one or more undergraduate fellows selected by the enrolled student or by the team to make the pedagogical adjustments, and the audio description of visual elements used in the classroom, help with locomotion or shared study to reinforce the contents delivered in the classroom. This was the main initiative of the PPNE that sometimes mobilized more than hundreds mentors every semester. It is worth mentioning that mentors were trained by the Program team, with no contact with the subject professor.
- 3) Presentation Letter: Elaboration of pre-standardized letters, depending on each student’s diagnosis, to be delivered to professors in the beginning of the academic period; the letter presented the students, their alleged needs and their academic rights.
- 4) Adaptation of reading material: Scanning or enlargement of written materials for students diagnosed with visual impairment, and help for them to use the reading software.
- 5) Specialized transport: Exclusive transport to facilitate and speed up long-distance displacements in the campus for students with diagnosis of physical or visual impairment.
- 6) Change of classroom: Request the Campus Hall to change classroom when the University physical structure did not meet the accessibility rules.

- 7) Furniture adaptation: Request the Campus Hall to build proper furniture, or adjusting the existing ones, according to the students' need and diagnosis;

The procedures of registration and grant of alleged rights clearly show the prevalence of medicalizing logic over a university policy that should be conceived in educational terms. Students' approach to their "rights" was through medical report and structured around the diagnosis. The screening interview was less focused on issues relevant to the student's academic experience, and more focused on their health history. Then, the team's actions were organized more around diagnosis than around each student's experience at the university. The referrals and "pedagogical adjustments" were standardized and segmented by group of "disabilities", with minor adjustments to students attending the Program for longer time.

This standardization of the educational action based on diagnosis and homogenization of the students' experiences under the same label remains a reality in the educational system, despite some critical studies (Angelucci, 2014). It is an expression of care to disability rather than to the study, reducing individuals to their diagnosis, hindering their idiosyncrasies, capabilities and contributions to the educational process. Such reduction also ignores that each human being is unique and adopts peculiar development paths throughout their lives. This comprehension is crucial to effectively build educational actions to promote the development of people with functional differences (Vygotski, 1997).

This procedure of registering and standardizing educational services evidences the adaptationist view on difference, which offers palliative solutions to remedy a system that remains ill-considered and untouched, like as if it had reached perfection (Souza, 2010). Considering the high dropout rates suggested by a recent study by the Undergraduate Dean's Office (unpublished), this is not the case. Vygotski (1997) shows us that the development of individuals identified as normal is apparently natural because all the human culture apparatuses (institutions, organization of public and private spaces, communication tools and systems, etc.) are adapted to the psycho-physiological organization of the so-called normal individual.

These considerations lead to the conclusion that the so-called "inclusive education" should think over a way to change this apparatus to promote the development of individuals that do not follow this standard, rather than create adjustments for them to fit into the structures and operations that are thought towards abstracting the normality. Therefore, any pedagogical action should consist in the analysis of each individual's development dynamic throughout his/her relationships with this action, and in further attempts to build techniques, tools and/or systems of cultural symbols and signs adjusted to their peculiarities. Each divergence between the traditional apparatus and the student's possibilities should be perceived as an opportunity for educators to build these unlimited indirect paths.

Likewise, the Program actions also unveil the underpinning concepts of University and university education. The focus on relaxing deadlines and granting extra time to take tests exposes a content-centered and traditional educational practice, short in diversity of teaching and evaluation metho-

dologies. In addition, these actions are exclusively oriented to the classroom or some few research spaces that do not comprise the university experience in a comprehensive way, as a community, embracing cultural, political, sports and leisure activities so crucial to Higher Education.

## Meetings

For the purposes of this article the expression Face-to-Face or Group Meetings comprise assistance to students, professors and staff members; meetings with one or more members of each segment; as well as group debates about the students' academic experience. In the PPNE the assistance to students were typically made up by initial welcoming, as disclosed in the previous section, and meetings according to the students' demands to cope with the difficulties they faced in the academic lives. The Face-to-Face Meetings with professors and staff members, in turn, focused on explaining the students' academic rights and providing information about their specific needs and pedagogical adaptations.

Group meetings were preferably attended by students and their professors and course coordinator to discuss the students' academic status and disseminate the usual suggestions of the Program on pedagogical adaptations and the registered students' rights. Therefore, they expressed the understanding that only minor adaptations were required to the classroom practices. These would meet the needs of the registered students.

In these group meetings adaptations, professors frequently perceived these adaptations as advantages offered to diagnosed students, bringing about concerns about a likely favoring of a student in detriment to the other, reflecting the meritocratic ideology that underlies its concept of education (Monteiro, 2014). They discussed the adaptations mainly related with evaluation practices; questions were answered based on legal grounds. It lacked openness for an actual debate about the need for changing the educational process to improve it, and cope with the students' demands.

This scenario exposes a university education centered on an idealized abstraction: The "normal" student. It approaches differences as drawbacks that teachers must manage, and that disturb their practices. Once again, it manifests the understanding of difference as a lack, and the approach to it in a corrective, normative and homogenizing perspective (Angelucci, 2014). Instead of providing the student with the conditions to be individualized as unique subject in his/her specific experience, it imposes standards to seek for an alleged normality, in an attempt to eliminate difference as much as possible. Therefore, taking Foucault's (2003) theory as reference, we can understand how these strategies of assumed pedagogical adjustment are characterized as devices to standardize subjects, making the adjustment and fitting of the individuals considered to be deviant.

These strategies evidence a vision that individuals and their destinies are determined by the diagnosis, pointing out the influence of this last on the individuals' own subjectivation process. This situation was clear in the discourse of students during the person-to-person meetings. Many times, when talking about the difficulties faced in their academic

lives, they referred to their diagnoses to justify personal traits they deemed as negative attributes resulting from their alleged disorder: “I can’t study because I am ADHD”. Here we can perceive the construction of his subjectivity around that diagnosis, when he perceives himself as restless, impulsive, uncontrolled (elements that describe the ADHD) and identifying these characteristics with abnormalities and disease. This is a picture of Foucault’s (2003) conceptualization of biopolitical strategies for controlling and subduing subjects.

At times, the debate with professors permeated the finding that trying to know the students’ needs and interests, diversifying the pedagogical practice based on these, and easing evaluation activities were favorable to the development of all students and not only of those identified as different. These moments make visible the possibility of rethinking every educational space in the university to effectively welcome everyone and work towards promoting development at higher education.

When education is not built based on control, on the search for results through uncritical assimilation of contents with status of scientific truth, the logic of justice and equal conditions gets more sense. Relaxation and diversification of the educational practices are not advantages or shortcuts, but the creation of conditions for all individuals to be developed in their relationships with knowledge in the teaching-learning process. This way, it is a possibility of an educational project that makes sense to students and promotes development rather than memorization and reproduction.

The pathologization and medicalization of Higher Education is not only a violation of the individuals’ right to education without needing to be identified as diseased or transgressor; it goes against the university function itself, constituted in and by the diversity of knowledge. Openness to differences in human development at this institution means assurance of rights, incorporation of the richness of this diversity into the educational project.

The PPNE was created from the recognition that education at the UnB was excluding, and from the needs of changes to ensure access, retention and degree to disabled students. The Brazilian Policy on Special Education in the Inclusive Light (SEE, 2008) emphasizes this issue when it states that the low access of disabled individuals to this education level indicates the need for strengthening these policies at Higher Education. The question here is if this Program has effectively worked towards changing the university. Since it institutionalizes a mockery of inclusion through one-time and isolated actions aimed to alleged needs of students, more strongly based on their diagnoses than on their experiences, it works for exclusion rather than to overcome it. It does not promote the deep changes required and, even worse, creates the illusion of a university policy centered on inclusion, silencing students and making invisible their actual demands. Therefore, it ends up becoming an agent of exclusion.

There is a crucial need for building possibilities of Higher Education in the sense of perceiving all students as unique subjects, with their needs, desires and projects, who should be welcomed in their potential of transformation to improve the university. This demands policies to ensure the rights of disabled individuals in dialogue with other

affirmative actions and debates about the establishment of quality education for all. To that, we should rethink the university structure, teaching training, syllabuses, physical spaces, cultural actions, interpersonal relations, teaching methodologies, research and extension, as well as the very concept of knowledge and science. Welcoming differences is an everyday task through life in community and the construction of more democratic relationships that respect alterity and appraise diversity as crucial elements to build quality in education.

## Final Remarks

This study aimed to step into the discussion about pathologization and medicalization of higher education to understand how pathologizing and medicalizing discourses and practices are materialized in the university life. Based on the UnB PPNE experience, it exposed how this university policy is crossed by tradition teaching concepts that individualize schooling problems, sustain excluding educational systems and end up supporting violations of the right to education.

The survey points out the need for the university - the stage for consistent debates on what schools should do or not - to turn to itself and to the study of its reality and the educational practices performed in this space. Moreover, it emphasizes the need for thinking over the social duty of these institutions and their role of constant reflection, problematization and proposal of solutions to the challenges faced by society.

Therefore, it demands further studies on this topic to help the Brazilian HEIs to take on their responsibility in the formulation of innovative education public policies to bring new sense to the welcoming of difference in the educational system. The construction of education for all demands taking the apparent difficulties of each student as opportunities to build different and unlimited possibilities of pedagogical practices that promote development. Therefore, it demands breaking away from traditional, adaptive and content-centered models exclusively focused on the control and standardization of the human being.

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